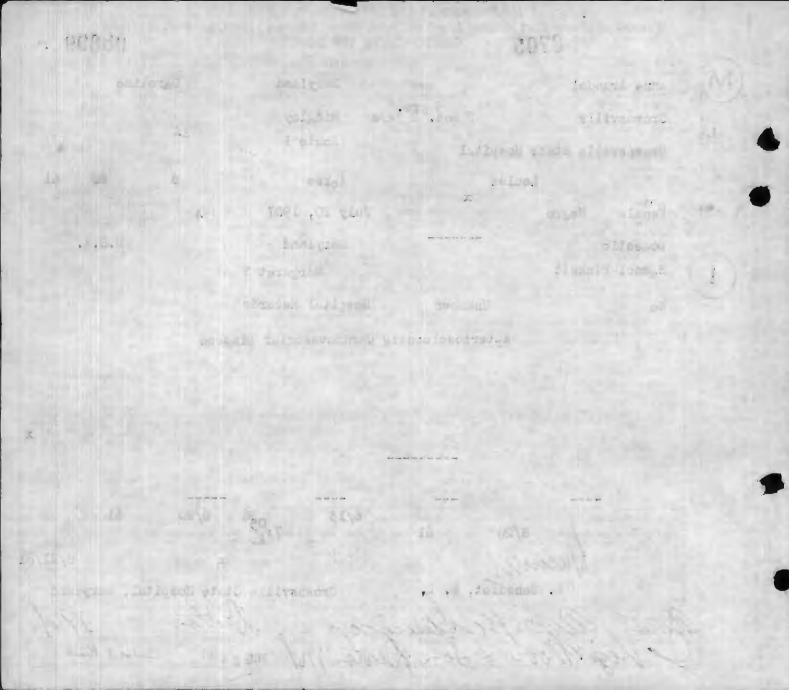
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 8705 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) . e. COUNTY b. COUNTY Maryland Caroline Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) pue b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 À write RURAL and give nearest town) mos. ,⊑ Ridglev Crownsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? Route 1 YES X NO Crownsville State Hospital pletely NAME OF 4. DATE Middle Month Day Year DECEASED OF (Type or print) DEATH 1961 20 Louise Acree 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX lest birthday) Months an Ca WIDOWED [ DIVORCED July 20. Female Negro certificale 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) physician remove done during most of working life, even if retired U.S.A. Maryland Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Samuel Pinkett Margaret ? and WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address Then (Yas, no, or unkown) | [Ifyesgivewarordatesofservice] Hospital Records No the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH 2 PART I, DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease signed IMMEDIATE CAUSE (a) burial-fransit DUE TO Conditions, if eny, which рееп gave rise to immediate cause DUE TO (a), stelling the underlying has certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18] 19. WAS AUTOPSY PERFORMED? hospital Se NO Y use CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 208, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work DIRECTOR: to 8/20 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from....6/13 .....19...61, and that death occured at.7.1. M, from the causes and on the date stated above. saw the deceased alive on ...... 8/20 22b. DATE 22s. SIGNATURE 8/21/61 ATTENDING X PHYS. DIRECTOR PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. Crownsville State Hospital, Maryland ector, filed 23d. LOCATION (City, fown or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, | 234 EMOVAL (Specify) 0 25a. AEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orthur S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



1	2		em 20 Fi ms 2082 Division	of STATI	STIC L R	ARYL	AND STAT		PARTM 301 W. F	PRESTO	N STREET,		RE 1, MAR	YLAND	
FOR S	TATE	_		8705	MEDI	CAL E	XAMINE	R'S	CERTI	FICAT	E OF D	PEATH		1870	n
HEALTH	DEPT.	1	PLACE OF DEA	intv			MARYLI	AND	By STATE		CE (Where day	b. COU	institution: Rasid	anca bafora	admission)
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red for	W in	3	Annapoli:	hde 1° Ge	Hori Host	dictalial,	give straet address	(8)	8 Ma		Place		1	ON	A FARM?
- 4 - C	3	3.	NAME OF DECEASED (Type or print)		Anthor		Middle S.		Adam		4. DATE OF DEATH	Monti 8	1		1-
death.	I)	5.	SEX Male	- In		MARRIED [	NEVER MARRIED		DATE OF BIR		19.	last birthday)	Months Days		R 24 HRS.
1, 2, ge 5	72 hor	10a do	. USUAL OCCUPA	TION (Giva k	ind of work	-	OF BUSINESS OR II		7-14-		or foreign cour	niry)	12. CITIZEN	OF WHAT	COUNTRY?
Pages (3. Pages	ithin .	13.	FATHER'S NAME	one			nene	Ĭ.	Ann	ADOLL	S. Md.		ŲS	A	
Sin 24 Give File PA	i i		John T.	homas 4		7   16. SOC	IAL SECURITY NO.	1 17 170	Joy		ddicord	Address			
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il in Ite ong v	i.E			TH WAS CAL IMMEDIATE	SED BY:		or (a), (b), and (c),							NTERVAL BE	
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ing" in	remo		Conditions, if an gave rise to imme (e), stating the	diate cause	(b)										
"pend Xamin	io Juo	N	cause lest.		(c)	NS CONTRIB	UTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1(a)		
word word Elical E	remai	CERTIFICATION	20a. EXTERNAL	rains was			in head						- M. A. A. Marya		NO T
NER: ng the ef Me	urial,		PRIMARY DO OF CAUSE OF DEATH	ONTRIBUTING	DOKK.	act/hz	atare/and	Know 61A/	n//bat brothe	<b>一种教</b>	have/b	<b>产生</b> 的/ 套发	tack/ba	/ ANT S	the/
Page	15 T	MEDICAL	20c. TIME OF IN.		h, Dey, Yaer	While	Not While et work	fector	E OF INJURY y, street, offic Home		.)	or fown)	(County)	1	(Stefa) Md.
HILES	f, prior		21. I certify	that I took	charge of th	ne remains	described abov	ve, held	an Autop		Inspection	, Inquir	y , an	d in my c	
ZDIC.	agen		death resulted	from:	latural cause	s	Accident X.	Suicid		domicide F MEDICAL I	EXAMINER	etermined m	anner		
cute i	gnajec	-	ACTUAL SIGNATURE_	WW	- Uffer	XX					CAL EXAMINE	R <b>1</b>		8-17-	
bese cute should be for	s desi	220	EXAMINER'S NAME (Type) BURIAL CREMAT	Will:	Land V.	Lovitt	Jr., M.	D. TERY OR C	Addr	ess (Street, c	city, town, or co	Control of the Control	or equatry)	(Stell	
01 4 01 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	5		REMOVAL (Specification)	Aug.	19,61	G1	en Haven							,	
VS. A15MI 5M 9/60	B1	23	Opping F	on 2	HOME	-	ADDRESS			DATE	JG 21 '61	246. REG	Mary land	TURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1870)

	PLACE OF DEATH     COUNTY			(Where deceased lived, If institutio	n: Residence bafora admission)				
ı	Anne Arundel	a. STATE Maryland Anne Arundel							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou						
H	Annapolis	3 hrs.	Edgewater	c					
ł	d. NAME OF HOSPITAL OR INSTITUTION (if not in t	cospilel, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?				
ı	Anne Arundel General				YES NO				
	3. NAME OF First	Middle	Last   4.	DATE Month	Day Year				
ı	DECEASED (Type or print)		9	OF DEATH ANGUET	06 10 63				
	Richard	Bradley	Alvey (L)	winging	26 19 61				
ı	5. SEX 6. COLOR OR RACE 7. MARI	RIED K NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers IF UND Month:					
	Male White WIDO		Jan. 79, 1090	71 yrs.					
ı	10a. USUAL OCCUPATION (Give hind of work done during most of working life even diffretired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County &	State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
	+ armer Jat. Fo	somer Met.	1 U. U. L	0. Md.	4. S.A				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE					
	Houses Tons C. (	Terror	Cakinani	Carry					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO. 17_ I	NFORMANT	Address	13				
	(Yas, no, or unkown) (If yas give wer or detas of service)	· V P	n = X+	==0 (10 me.	(2)				
	18. CAUSE OF DEATH [Enter only one couse pa	y o	ucene si	eere wivey	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:		P	V	ONSET AND BEATH				
	IMMEDIATE CAUSE (a)	erebral 1	removed	ree	5 house				
	DUE TO	DUE TO DE TO							
	Conditions, if eny, which ) (b)	Conditions, if ony, which ) (b) Uslesiosclesotic hurrestensine							
	geve rise to immediate cause DUE TO	R. 11.4	0)		1011000				
	(e), sletting the underlying cause lest.	cararo ya	secren a	isense	10 year				
	Z PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART I(a) 19. WAS AUTOPSY				
	OF	9			YES NO TO				
	20e. ACCIDENT WAS UNDERLYING 13 Y 20b. D	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part	f or Part II of item 18.1	I III NO [1]				
-	20. ACCIDENT WAS UNDERLYING A V 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INSORT OCCURED.	triner nerare or injury in real	FOR POINT OF STORE 18-3					
	ZOc. TIME OF INJURY Month, Day, Year   20			20f. (City or town)	County) (State)				
	<u> </u>	and the state of t	ory, street, affice bldg., etc.)						
		vork et work	A 20	46 6 5					
		21. I certify that (1) (this hospital) attended the deceased from Sec. 2.7, 1956, to Care, 3.6, 19.6.1, that (1) (we) last							
	saw the deceased alive on	1 26,196/ and that	death occured at \$1.2.4	M, from the causes and o					
	22e. SIGNATURE								
	Sylven M.	Sense M.	A.D. PHYS. DIRECTOR PHYS. D						
	22c. PHYSICIAN'S		22d. ADDRESS						
	NAME (Type) Dr. Sylvia L	im	Mayo Rd.	Edgewater,	Md.				
	236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY   2	3d. LOCATION (City, town or co	ounty) (State)				
	Principle 8-28-1961	Mary m	emorial	Mayo "	Md.				
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D	BY REGISTRAN 256. REGISTRAR	r'S SIGNATURE				
	John M. Jaules Sun	s Umapot	u MCl. DATE AU	G 2 0 204					
	//		DATE	1 An Char	or & Hims				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Fig. 4 death.

For a may be retained by the hospital or attending physician.

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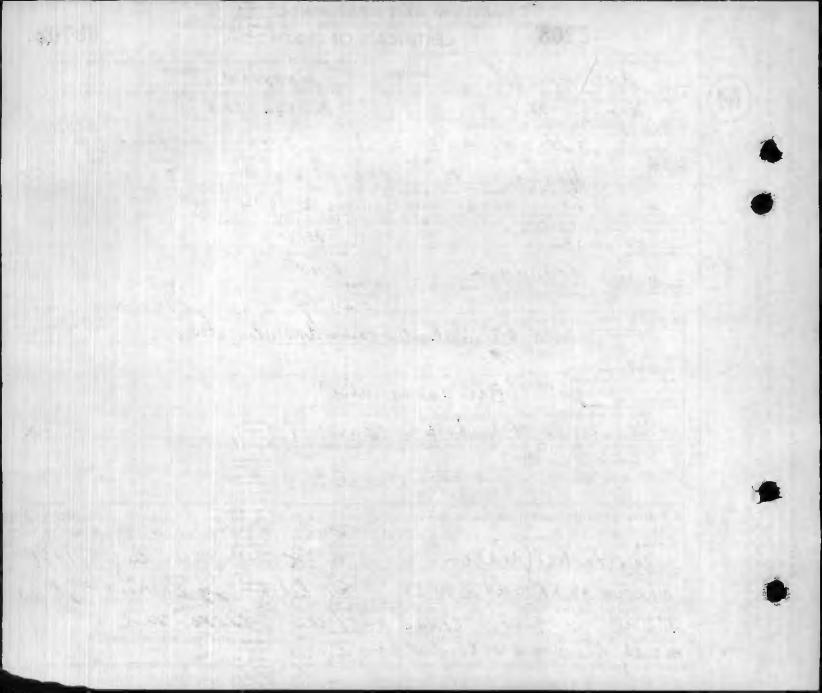
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	MARYLAND STATE DEPARTMENT OF HEALTH
OTTO DIVIS	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2602	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

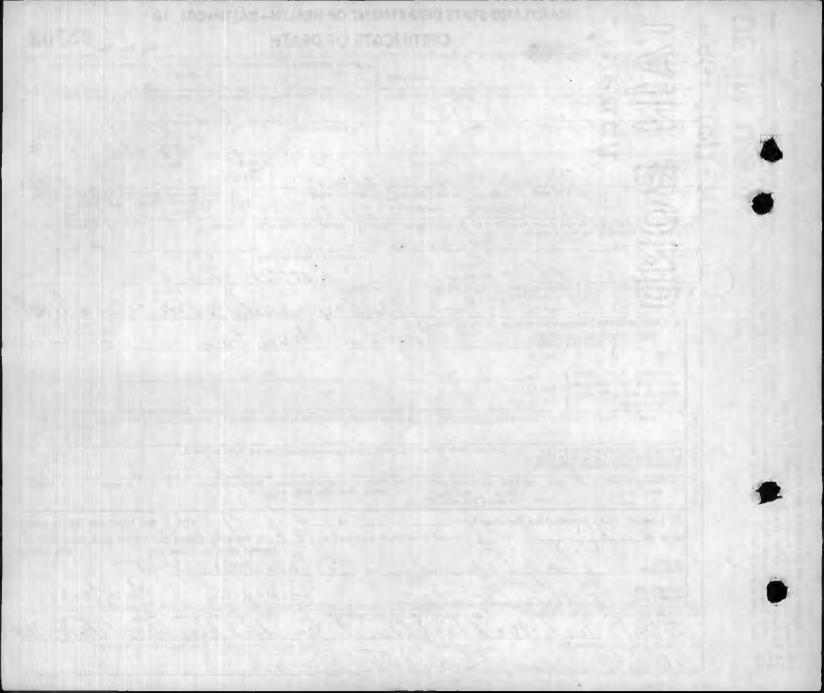
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	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE						
	O. COUNTY Anne Arundil MARYLAND	o. STATE MARY Land b. COUNTY Anne Arundel						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
4	BROOKING Park	X Brooklyn Pork						
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?						
	3 Hammondo hane	3 1 x ammondo Lenes YES NO						
	3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year						
		NDERSON DEATH \$ - 5- 19E/						
	5. SEX 6. COLOR OF BACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.						
	WIDOWED DIVORCED	Ulleg. 0, 10/2 88 yrs.						
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	ISTRY 11. ERTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Housew.te	MD.						
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Wm Goodneh	On K						
	15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF (Yes. no. or unknown) (If yes. give was or dates of service)	NFORMANT						
		tomely dame						
Ì	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Arteriscleratic	Carrolloscular disease ONSET AND DEATH						
	DUE TO							
1	Conditions, if any, which )							
	gove rise to immediate SUE TO F D A							
	lying couse lost.	also),						
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
	5 Rematuria of curtures C	Auge PERFORMED?						
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Part II of item 18.)						
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,   20f. (City or town) (County) (State)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED far Hour a.m. p. m. 19 While Nat while far years of wark	ctory, street, office bldg., etc.)						
		death accurred atM, from the causes and an the date stated above.						
Н	220 SIGNATURE	addit dictured dr,Mr, from the causes and an the date stated above.						
	Ment Millarde	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D						
ı	22c. PHYSICIAN'S	22d. ADDRESS						
	MARTON M. KRIEGER M.D	DIO Patchie Horn Baltimore 25 mil						
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (State)						
	Burel 8-9-61 Cedar /	fell am Balto mol						
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
V.	He Cully fund Homes 130 E. Forth die	SOLAN DATE AUG 9 '61 GIGING & King						
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death. Page VS A15 (4) 15M 10/57



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(16704

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decresed lived, If institutions Residence before admission)
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Annapelis d. NAME OF HOSPITAL OR INSTITUTION (if not in haspite), give street address)	Annapolis  d Street Address  o. Is residence on a Farmi
Anne Arundel General Hospital	/ 126 Conduit St. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Doris C	BASIL DEATH August 22 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Aug. 20, 1912 49 yrs. Months Days Mours
10s. USUAL OCCUPATION (Grya kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY?
Tel Operator Message Center  13. FATHER'S NAME	I Maryland U.S
Edward R. Knacler  15. WAS DECEASED EYER IN U.S. ARMED FORCES?  (Yas, no, or unknown)   (If yasgive war or deterof service)	Nellie Phelps Address
No. None 219 16 1128 Mr.	Thomas R. Basil- Husband- same as # 2
18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ceus
Conditions, if any, which ) (b) Differs my ta	, tati maly ment descent 4 months
gave rise to immediate cause  DUE TO	and ward the course
(e), stating the undarlying couse lest,	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY
Hude thronly pheleple	PERFORMED?
	. (Enter nature of injury in Part I or Part II of flem 18.)
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour e.m.  p.m.  19 While No! While fact of work	lory, street, office bldg , atc.]
	Aug. 19, 19 61 to Aug. 21, 19 61, that (1) (373) last
saw the deceased alive on Aug. 21, 1961, and that	death occured atM, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED STAFF 3/4 226. DATE
	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Dr. Gerard Church	121 Cathedral St., Annapolis, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slete)
Burial Aug. 25, 1961 St. Mary's Ce	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Hopping Funeral Moment Annapolis, Md.	DATE AUG 25 '61 Orthur S. Krawk

## RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, if institution, Residence before admission) a COUNTY **b.** COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN ( f outs da corporate fimits, write RURAL write RURAL and give neerest town] Washington, D.C. Annapolis 6 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireet address) e. IS RESIDENCE d. STREET A............ ON A FARM? 1342 Girard Street Anne Arundel General Hespital YES NO Middle DECEASED (Typa or print) George DEATH BAUER August 9. AGE (In years I IF UNDER 1 YEAR 5. SEX JE UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X THEYER MARRIED B. DATE OF BIRTH last birthday) Months Days Ma he White WIDOWED [ в опш 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Auto Parts Manager Washington, D.C. 13. FATHER'S NAME attending Ferdinand C. Bauer Johannah Carsten and ā 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yas giva war or dates of service) Pauline Bauer same as the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c), ONSET AND DEATH IMMEDIATE CAUSE (a) Massive retroperitoneal hemorrhage DUE TO (b) ruptured abdominal aneurysm. arteriosclerotic. peen gava risa to immadiate cause DUE TO (a), stating the undarlying has PART .. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18]: 19. WAS AUTOPSY PERFORMED? NO O 208 ACC DENT WAS UNDERLYING UNDER CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Bb. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of 'lam 18.) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour am. at work may be retained DIRECTOR. saw the deceased alive on 22by DATE 22a - GIONATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Shadyside, Maryland Willard F. Smith 23d. LOCATION (City, fown of county) 230 BUR.AL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) a FO burial George Washington Cem! Prince Georges, Md. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2901 lutersst. N.W. VR A15 (4) arthur & Krous Uo. Washington 9. 15M 9/60 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission! filed . o. COUNTY D. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give pegrest town) 0 d. NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 24 hours YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) DEATH 19 within IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX AGE (In years MARRIED D NEVER MARRIED last birthdoy) Months Days Hours WIDOWED DIVORCED [ Ъ 100 USUAL OCCUPATION (Give kind of wark dane 106 KIND OF BUSINESS OR INDUSTRY during most of working life, exactly entired) 13. BIRTHPLACE (Stolesor foreign country) dod 12. CITIZEN OF WHAT COUNTRY? gug pou 2 13 FATHER'S NAME-14. MOTHER'S MAIDEN NAME physicion B Linda Ebert remove IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address attending please CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ď, Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underlying cause last. -transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179 WAS AUTOPSY cremation, PERFORMED? has buriol YES NO T tending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ficate 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 907 the 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. Wh le Not white at work at work p. m haspital After th 21 I certify that (I) (this haspital) attended the deceased fram. [46] .; 19\_\_\_, that (1) (we) last ed saw the deceased alive an 19\_\_\_\_ and that death accurred above. M, fram the causes and an the date stated above. ed by the I 270 S GNATULE 22b, DATE SIGNED MED DIRECTOR STAFF PHYS. 22 PH1 CIAN'S 22d. ADDRESS FUNER 3 23a DATE THEREOF 8UR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 0 250. REC'D 8Y REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 3 1SM 9/59

RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seath.

Second death.

Yes a may be retained by the hospital or attending physician.

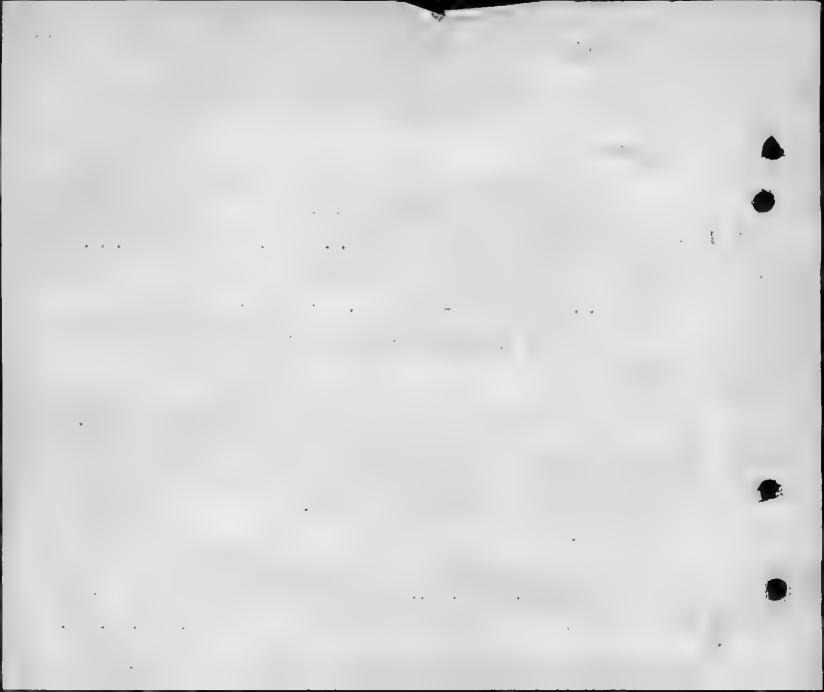
Yes TO FUN. AL DIRECTOR: This certificate has been signed by the attending physician are completed by the funeral director, page 3 should be decayed for use as the burial-transit permit. Then please remove a papers: Tages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death the second death the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death the second death the second

DIVISION OF STATISTICAL	RESEARCH AND RECORDS	s, 301 W. PRESTON ST	TREET, BALTIMORE	1, MARYLAND
3713	CERTIFICAT	E OF DEATH		08707
b. CITY OR TOWN (if outside corporate limits file fully) Mariagurals		a. STATE Mal	where deceased lived, If Instruction b. COUNTY ide corporate limits, write RU	tution; Residance before admission)  RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (II  3. NAME OF PECEASED (Typa or print)	not in hospital, give streat address)  Middle	1.0	Marte Month ODEATH	o. IS RESIDENCE ON A FARM? YES NO NO
5. SEX  6. COLOR OF RACE  Mule  10a. USUAL OCCUPATION (G.va kind of work	7, MARRIED NEVER MARRIED WIDOWER DIVORCED DIVORCED 100 KIND OF BUSINESS OR INDUST	B. DATE OF BIRTH  May 22-182  RY 11 B PHALACE (County &	9. AGE (In years ) F l	UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.  12. CITIZEN OF WHAT COUNTRY!
dona during most of working life, eva if refired  Scenker  13. FATHER'S NAME  BO	1 Danking	14. MOTHER'S MAIDEN NAM.	France K Costo	y, S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORG (Yes, no, or unkown) (liyasgiva warordatasofsee  18. CAUSE OF DEATH [Enter only one PART L. DEATH WAS CAUSED BY,	7,	Was Fretz H	when H	uclson 91, 4. INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.	generalzed	arterial	ure;	
PART II. OTHER SIGNIFICANT CONDIT	206, DESCR. BE HOW INJURY OCCURE			PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Yaa Hour a.m. 19	While Not While at work at work	tory, streat, office bldg., atc.)	Of. (City or town)	(County) (State)
21. I certify that (I) (this hospits saw the deceased alive on. 222. SIGNATURE		t death occured at	, from the causes and	d on the date stated above
22c. PHYSICIAN'S Suil	H. Wilson,	A.D. ATTENDING MED. DIRECT	TOR PHYS.	SIGNE
238, BURIAL, CREMATION, 236. DATE THER SMOVAL (Specify)  24 NUMERAL, DIRECTOR'S SIGNATURE  25 NUMERAL, DIRECTOR'S SIGNATURE	1961 Ty well Cree  Address  Address	of Cent 250. REC'D BY		regunity)  Shata)  RAR S SIGNATURE  Liung A. Hause
10000		DATE		

MARYLAND STATE DEPARTMENT OF HEALTH

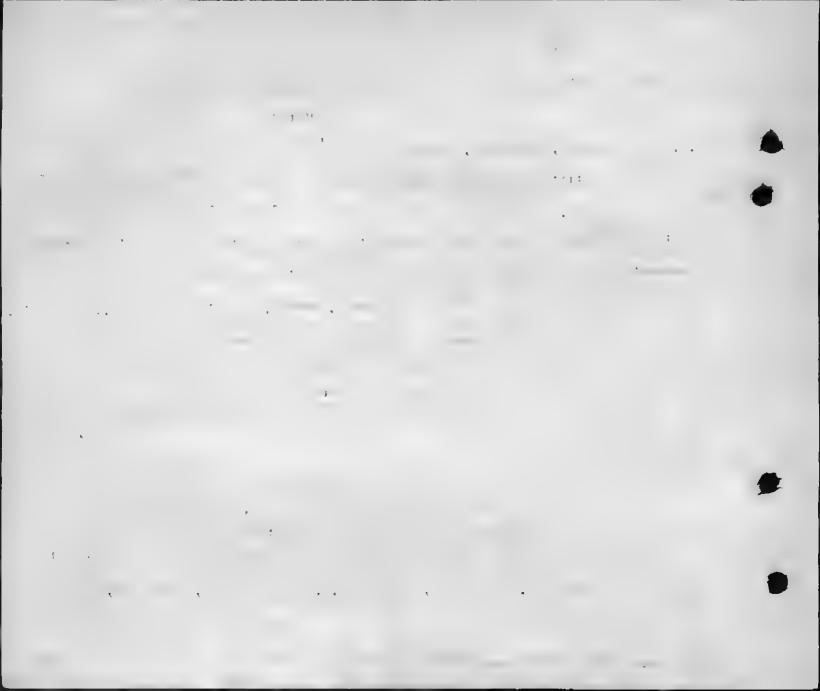


1 /	MARYLAN STATE DEPARTMENT OF HEALTH
[ (6	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FUR STATE	
HEALIN DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edimission) 6. COUNTY  a. STATE b. COUNTY
	Anne Arundel
\$ 5 E	write RURAL and give nearest lown)
ird o	Baltimore 26 All his life Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 o. IS RESIDENCE
Boa Boa	ON A FARM?
tate ath.	7214 Marley Neck Road  3. NAME OF Los'   4. DATE Month Dey Year
If any the She She She She She She She She She S	DECEASED OF
th the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
of S K	Nale White   WIDOWED   DIVORCED   9-11-20   lest birthdey   Months Days Hours Min.
Though the	Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired!
Pag , s	Liquor Store Operator A.A. County, Baltimore 26 U.S.A.
Page 19	13. FATHER'S NAME
P P P P	Frank Bozek Josephine Washlesski
Arithin for a for	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address [Yes, no, or unkown] [Hyesgivewerordelesofservice]
em 1 with with werm	Yes W.W. II 218-85-478 Mr. John Bozek Y214 Marley Neck Rd.
in fe in fa ng v sit p	ONSET AND DEATH
ncil alo and and	MMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular
IId b n pe ffice rrial val	Conditions, if eny, which \ (b)
should be a be	gave rise to immediate cause
ndin iner iner d as	(a), steting the undarlying cause lest.
"per "per xam usec ion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11 PERFORMED?
ord ord	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 12 TO PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING   CAUSE OF DEATH.
Screen Service Control of the Contro	20e EXTERNAL CAUSE WAS 20e. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II of Pert II of Part II of Pert
TER of M of M of M of M	
E B o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. FLACE OF INJURY (Home, ferm, 20f. (Cily or town) (State) Hour e.m. While Not While factory, street, office bldg., etc.)
The Period	p,m, 19 at work at work
fical for to Prince Prince	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry and in my opinion
Certification of the control of the	death resulted from: Natural causes X Accident . Suicide . Homicide . Undetermined manner .
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
ME M	SIGNATURE CONTINUE DEPUTY MEDICAL EXAMINER
IER.	NAME (Typa) William V. Lovitt, Jr., Address (Street city lown, or county) 8-17-61
should FUNI	228 BURIAL, CREMATION, 226. DATE THEREOF , 22c NAME OF CEMETERY OR CREMATORY ] 22d. LOCATION (City, town, or country) (State)
0 240 9 1	Burial Aug. 21, 1961 Hely Cress Cemetery Ritchie Hwy. A. A. Co., Md.
VE AVENUE	23. MUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 9 60	Marye frome 4001 Ritchie Hwy. (25) DATT AUG-23'61 and & there
	Cannot I Canno



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE **b.** COUNTY ANNE ARUNDEL 章 T 支 MARYLAND MARYLAND ANNE ARUNDEL

C. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) by # and b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ANNAPOLIS after 23 DAYS ANNAPOLLS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, IS RESIDENCE d. STREET ADDRESS ON A FARM? 238 KING GEORGE STREET .S.NAVAL HOSPITAL, ANNAPOLIS, MARYLAND YES NO K nplete 3. NAME OF DATE Year DECEASED (Type or print) DEATH AUGUST 19 61 A William Van Courtlandt BRANDT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months Days Hours C and MALE WIDOWED [ DIVORCED [ 8 NOVEMBER 1888 CAUC. 10a. USUAL OCCUPATION (Give kind of work physician remove 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Business Manager Battery Manufacturing North Carolina United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending Nathaniel Fields BRANDT ejd e Josephine (n) HEWLETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Maryland (Yes, no, or unkown) (lifyesgivewarordatesofservice) Sara C. BRANDT. 238 King George St INTERVAL BETWEEN LS 18. CAUSE OF DEATH [Enter only one cause per une lor (e), (b), and (c).] ģ ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-trailsit DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (e), steting the underlying has couse lest. RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART Ito). 19. WAS AUTOPSY PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item IB.) 20e ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. factory, straet, offica bldg., atc.) While Not While Hour a.m. may be retained DIRECTOR: / et work at work 21. I certify that (I) (this hospital) attended the deceased from......17... July.. ..., 19 61 to. 8. August...., 19....., that (I) (we) last 22b. DATE 9 AUG 61 SIGNED ATTENDING STAFF m DIRECTOR PHYS. PHYS. 22c. PHYSICIANS 22d. ADDRESS NAME (Type) Stephen B. HILTABIDLE, LCDR MC U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND FUN irector, 232 NAME OF CEMETERY OR CREMATORY 23d. ZOCATION (C ly, town or county) 23a. BURNAL, CREMATION, 236. DATE THEREOF (State) ÷ 2 O alunal 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21 FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 9/60



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may be received by the hosp tot ar attending physician.

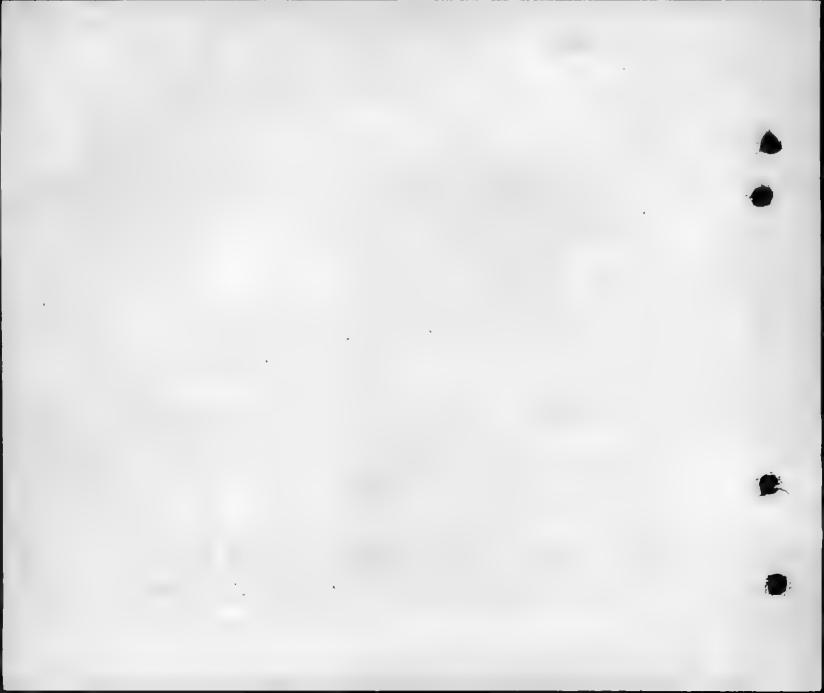
TO FUNER.

ECTOR: After the difficate has been signed by the ottending physician and completed page 3 should be detached for July. The buriol-transit permit. Then please remove corbon-pagers the Stole Board of Health prior to buriol, cremation, ar remayol, and in any event, within 772 hours with

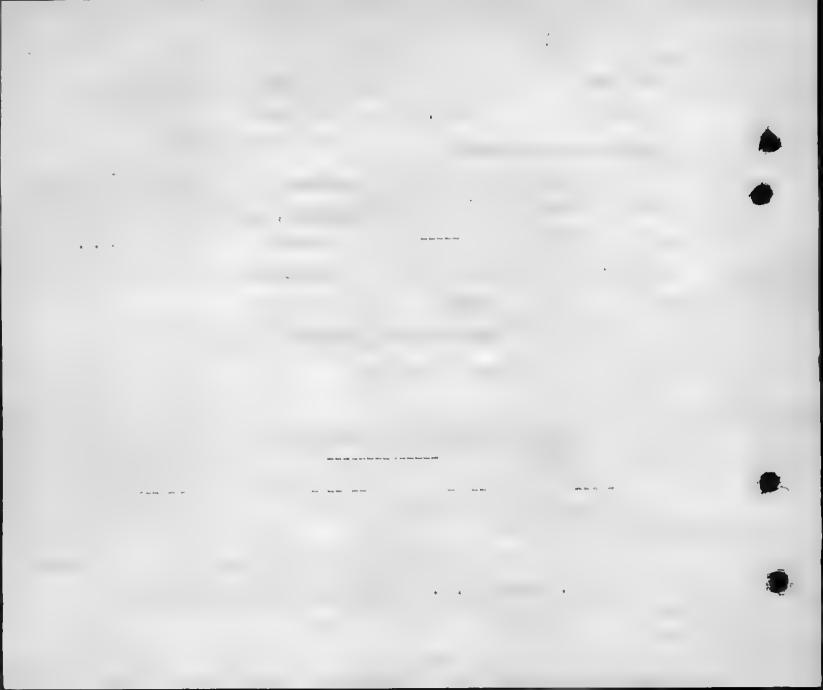
TO HUSPITAL OR ATTENDING NHYSICIAM: The fow remaines that the death certificate bar enecuted within 211 haurs ofter death. Pogn 11

VR A15 (4) ISM 9/59

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	LACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	Residence befare admission)
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	H. N. H. POLIO	hospital, give street add	drace)	d. STREET ADDRESSO	0215	e IS RESIDENCE
	OR INSTITUTIONS EYE	RN AV	E,		EVERN AV	E / ON A FARM?
	NAME OF DECEASED Type or print)	EORGE	Middle	BROOKS	4. DATE Month OF DEATH	- G 14d
5. 9	WALE WIT	OR RACE 7 MARRIED	DIVORCED D	B. DATE OF BIRTH	11 11 11 11 11 11	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100	USUAL OCCUPATION (Give kind purply most of work no life, ever	of work done 10b. KIN	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		11.00	14. MOTHER'S MAIDENA	VAME	- 1/
	SAMUEL IV	, BROW	OKS	FLORE	NCE BR	ADY
		RMED FORCES? 16 SOO or doles of service)	CIAL SECURITY NO. 17.1	RS WM T. GA	RDNER 142 ANN	BSON Rd, MO
	18. CAUSE OF DEATH [Enter of	1 1	far (a), (b), and (c)-]	7/) /)		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAI IMMEDIATE		ronary.	Monton		4 ligg
	1 7 0 '()	DUE TO	to - hol	1 leas	XIVAGA	1/4.
	Canditians, if any, which gave rise to immediate	(b) DUE TO	uniter	13-lie //	1 KASTOST	1/1
	lying cause last.	(c)				
CATION	PART II OTHER SIGNIFIC	ANT CONDITIONS CON	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	inal disease condition give	N IN PART (a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	BE HOW INJURY OCCURR	ED (Enter nature of injury in	Part I or Part II of item 18.}	
MEDICAL	20c TIME OF INJURY Manth, Hour a m. p. m.	Day, Year 20d INJU While of work	_ Nat while fc	ACE OF INJURY (Home, farm icter), street, affice bldg., etc	n, 20f (City ar town)	(County) (Stale)
	21. I/certify that (1) (this	haspital) attended	the deceased from.	The 10.19	59.10 8-6-	, 19_6/_, that (I) (we) last
	saw the deceased palive	on 8-5-	19 <b>6</b> , and that	death accurred at	M, from the causes and	I an the date stated above.
	220 SIGNATURE	Winter		M.D ATTENDING M	ED STAFF IRECTOR PHYS	22b. DATE SIGNED
	PHYSICIAN'S NAME (Type)	s R. M.	PRTIN	22d. ADDRESS 6 5/1/1	W ST. ANN	Brokis MD.
230	BURIAL, CREMATION, 236 DA REMOVAL (Sponity)	TE THEREOF 2	AME OF CEMETERY	OR FREMATORY	23d LOCATION (City town, or	county) a a G State
24	FUNERAL DIRECTOR'S SIGNATUR	en Los Sins	ADDRESS CHRIST			TRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH 8718 director, filed with PLACE OF DEATH filed Anne Arundel MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write Š c. LENGTH OF STAY IN 1h RURAL and give nearest town) haufd Edgewater Edgewater d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Woodland Beach Woodland Beach NAME OF First Middle 4. DATE Last DECEASED OF DEATH (Type or print) weste BUSSER 5 SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED 8 DATE OF BIRTH Nov. 28, WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. MRTHPLACE (Stote or foreign country) during most of working life, even if retired) Building Const. Pa. gug rule 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK BUSSER KATIE WHITE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT es 160**–16–7**658 Alma R. Busser- Wife-18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Hour e. n. factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased fram, Ullisted 20, 1961 ACTUAL NAME (Type) wilson wilson 220. BURIAL, CREMATION, 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 63 arlington National Arlington 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) B. IS RESIDENCE ON A FARM? YES NO Month Year Day alla. 19 61 9. AGE [In years lost birthday] U UNDER I YEAR IF UNDER 24 HRS Months yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

(County) (State)

alignet 20, 196, that I lost saw the deceased \_, and that death occurred at <u>le\_1 249</u>M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

Annapolis. Md.

24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 23

Hopping Funeral Home

10 HOSPI 12 HOSPI 12 HOSPI 15 HOSPI 15 HOSPI 16 HOSPI 16

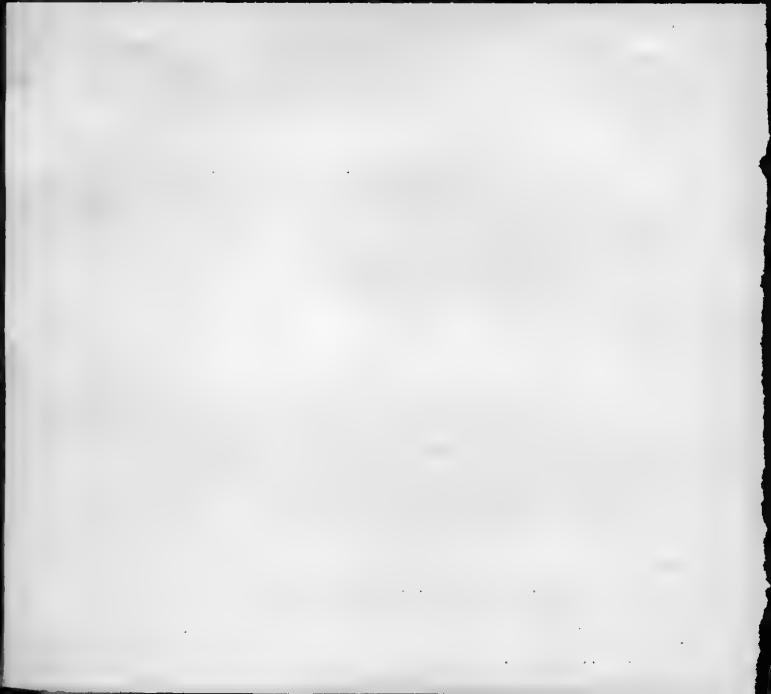
**DR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 ted by the hospital or attending physicion.

IRECTOR: After this certificate has been signed by the ottending physician and campletely filled to be detached for use as the buriof-transit permit. Then please remake carbon papers. Pones 1 at

Her death. Page 4

e funeral director,

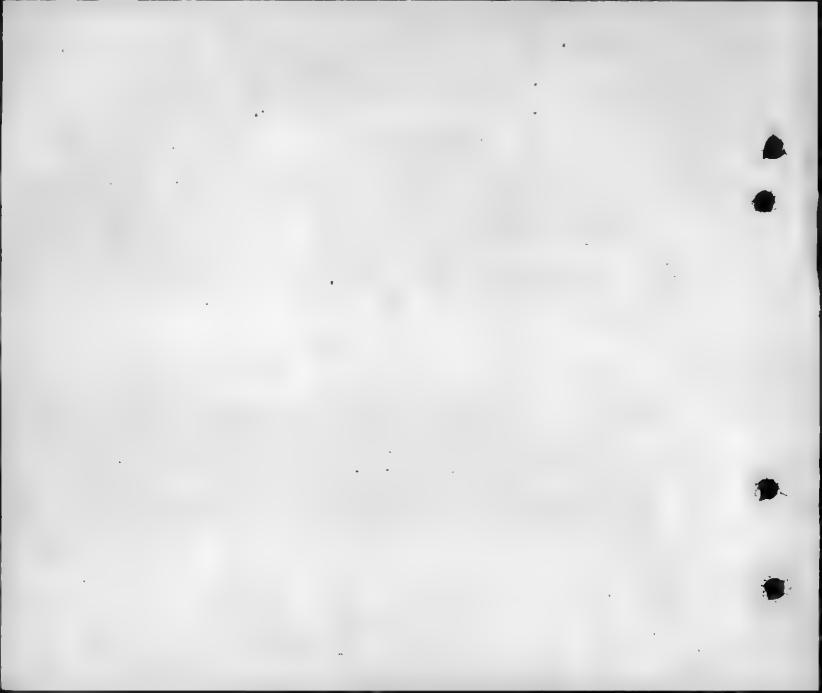
PLACE OF DEATH O. COUNTY  AND CEECLE MARYLAND  b. CPY OR TOWN (If outside corporate limits, write of LENGTH OF STAY IN 16 MARYLAND)  A Willia (Vicini)  A Willia (Vicini)	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence be a. STATE b. COUNTY	
b. CPTY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 PURAL and give nearest lown)	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence bas STATE b COUNTY	
PURAL and give nearest lawn)	· W. A.	efore admission)
	G CITY OR TOWN (If outside corporate limits forthe RURAL and give	nearest fown)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 203 12 CCC	d. STREET ADDRESS LL C 3 Valley Rl	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)  Name OF DeceaseD (Type or print)  Name OF DeceaseD (Type or print)	DATE OF DEATH CLUB - ST	Day Year 19 6 (
SEX	B DATE OF BIRTH  Gan 1-1907  9. AGE (In years IF UNDER 1 YE INDER 1 YE INDER 1 YE)  Months Doy  YES.	AR IF UNDER 24 HRS ys Hours Min
O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING life even if retired)  CLCCINCAL Co.	11 BIRTHPLACE (State or Foreign country) 12. CITIZEN	OF WHAT COUNTRY?
FATHER'S NAME Callerhood	14. MOTHER'S MAIDEN NAME Graham	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 HISTORY OF THE PROPERTY OF	NFORMANT Address Caller feel He	£ 11:0-
Conditions, if ony, which gave rise to immediate cause (a), sloting the under-lying cause lost.  PART I. DEATH WAS CAUSED BY:  DUE TO  DUE TO  [c)  [c)	værg Thrømhosis	NTERVAL BETWEEN NISET AND DEATH
		PERFORMED? YES NO P
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CCE OF INJURY IHame, farm, 20f. (City or tawn) (Counter, street, affice bldg., etc.)	ty) (Slate)
ACTUAL SIGNATURE SIGNATURE SIGNATURE Jr.	Part a .	saw the deceased date stated abave. DATE SIGNED
TRAME (1998)	Kinthicum md.	
REMOVAL (Specify)		(State)
	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA DATE AUG 11'61	TURE
	SEX	SEX    6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH   1



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY -MARYLAND buriol, b. GITTAOR TOWN III outside wrife RURAL c. LENGTH OF STAY IN 16 c. CITY-QR TOWN (If ayride corporate limits write RURAL and give nearest town) d. NAME OR HOSPITATI ORINSTITUTION (If not if hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z-NAME OF DATE Month Yeor DECEASED OF (Type or print) DEATH 19 6. 5. SEX COLOR OR RACE 17. MARRIED D NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. ost buthday) Months Days Haurs Min. WIDOWED T DIVORCED T 10a. USUA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mounting life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! 13. FATRER'S NAME 14 MOTHER'S MAIDEN N 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17-INFORMAND 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH | Enter only one cause per line for (a). (b), and (c). INTERNAL BETWEEN PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARYD OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRITE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Port 1 of item 18.) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 6 (State) of work of work \*2 writing 21.1 certify that I took charge of the remains described above, held an Autopsy Inspection ... , and find that Inquiry Natural couses Accident 4. Suicide death resulted fram? Hamicide Undetermined couse DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BRIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county) (State) 0 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(5) Certing L. Thomas 5M 9/55

DEPU

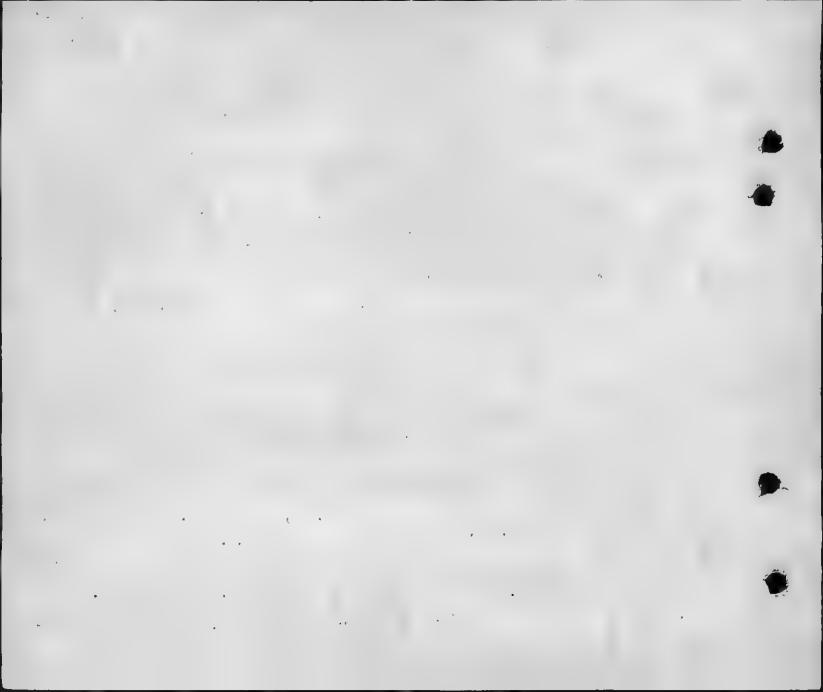
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



2. USUAL RESIDENCE (Where decessed lived, If institution, Fas dence before edmission) 1. PLACE OF DEATH a. COUNTY Florida b. COUNTY e. STATE Anne Arundel MARYLAND / Arme /Armindel b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown) write RURAL and give negrest town) Miami Annapolis 12 davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE 20th. st. ON A FARM? YES NO TO Anne Arundel General Hespital 3. NAME OF Middle DECEASED (Type or print) DEATH Jesenh August 16 COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yours | IF UNDER I YEAR | IF UNDER 24 HRS. lest birthday) Months WIDOWED [ DIVORCED [ Male IOa. USUAL OCCUPATION IGIVE kind of work physician 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dong during most of working I fa, evan if refired) 13. FATHER S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO 16) ARTERIOSCLEROSIS, GENERAL Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY PERFORMED? NO X ARTEROSCIECOTIC HEART DISEASE! GOV 1
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I of fem 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f, (City or town) (County) (State) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While et work at work 21. | certify that (i) (prochasoltat) attended the deceased from ... Aug. 11., 19.61, to ... Aug. 23...., 19.61, that (i) (the last DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Typa) S. Beck 71 Franklin St., Annapolis, Md. Edward NAME OF CEMETERY OR CREMATORY DATE THEREOF 8 # 2 # 8 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) in sing & three

DYLAND STATE DEPARTMENT OF HEALTH

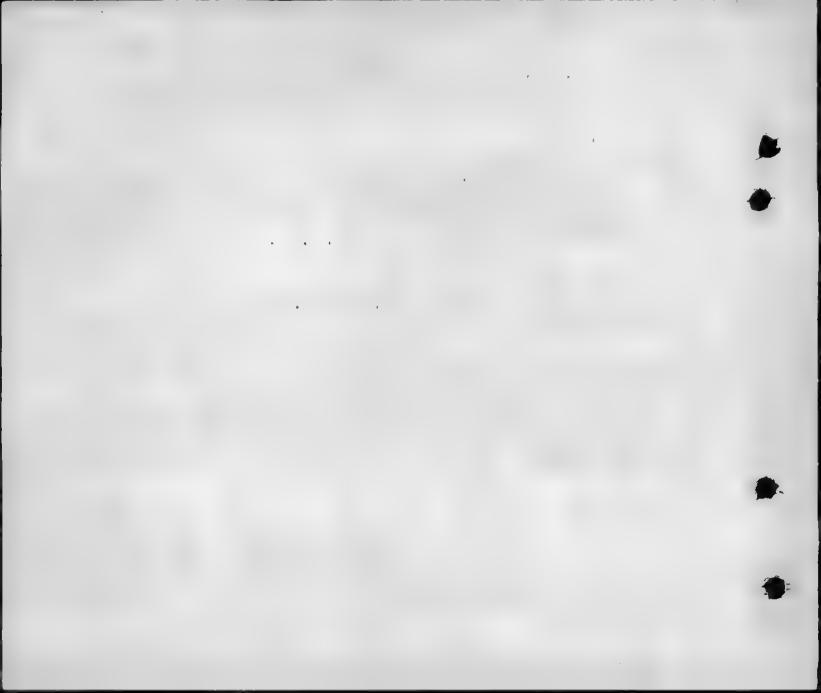
STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8724 L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) n. COUNTY **b.** COUNTY e. STATE Anne Arundel Marvland Anne Arundel the 2 MARYLAND b. CITY OR TOWN (if outside comparete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 à write RURAL end give nearest town) Annapolis Annapolis .97 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Anne Arundel General Hospital Horn Point Drive 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH Linnie CIARK August 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR 5. SEX lest hirthday) Months Devs Female White WIDOWED [ DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Pennsylvania HOUSE U.S. 13. FATHER'S NAME attending pl MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16 SOCIAL SECURITY NO. 1 17. INFORMANT oval, (Yes, no, or unkown) | (Ifyesgivewerardetespiservice) cian. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) ) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed **DUE TO** geve rise to immediate cause DUE TO (e), stetling the underlying ceuse lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY 20b. DESCR-BE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item IB) 20e. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 2. III. 190, to... 1900 last 21. | certify that (I) (西区的动动动) attended the deceased from... ...19 Colon, and that death occured at A.M., from the dauses and on the date stated above. 22a. SIGNATURS A.M. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. ALD. 22d. ADDRESS 22c. PHYSMHAN'S NAME (Type) Elmer G. Linhardt Chesapeake Ave., Annapolis, Md. rector, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, | 23b. DATE THEREOF 23d. MOVAL (Specify) Musical

death. 0.5 8 15M 9/60

VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATUR

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN OMSET AND DEATH

> PERFORMED? NO F

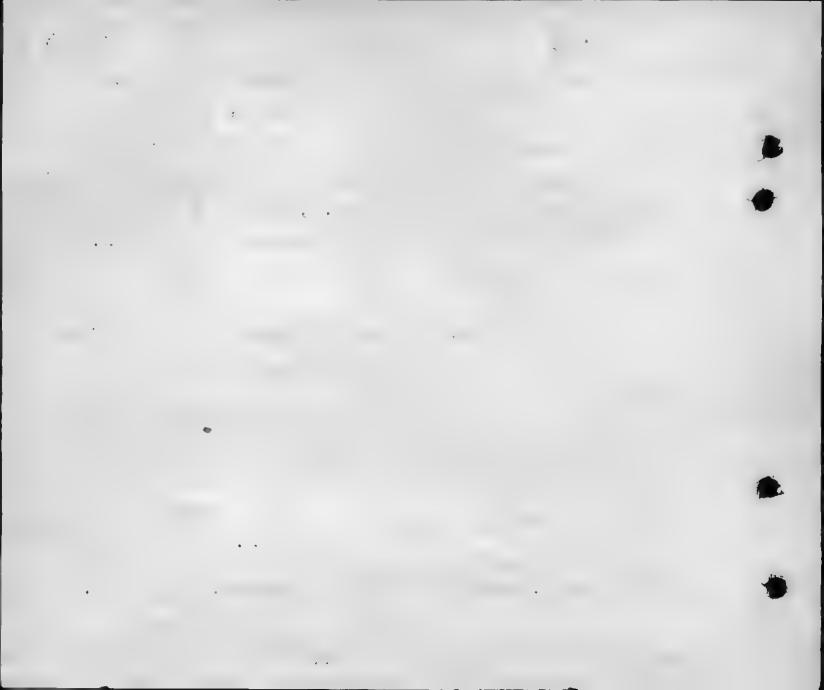
> > (Stete)

22b. DATE

**SIGNED** 

Day

arthur S. Throng '61



,		1
ed within 24 hours after	te ted in by the funeral	ers. Pages 1 and 2 ahould hours after death.
execu	эрфше	h pap
8		*
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. The 4 may be retained by the hospital or attending physician.	TOR: Athis certificate has been signed by the attending physician at	or director, page 3 should be defended for use as the burial-transit permit. Then please remove controlling to papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
K >	RE	Tour
TO HOSPITAL OF	TO FUL DIE	director, page 3 sh be filled with the S
VR	Al	O (4)

15M 9/60

10a

13.

CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION (		RESEARCH AND RE			r, Baltimore				
	2725	CERTIF	ICATE OF D	CAIN		(187.	Ly •		
PLACE OF DEATH				RESIDENCE (Where d		utlanı Residence befa	ore edmission)		
	e Arundel	14F 2F 10-3	LAND e. STATE	Marraland	b. COUNTY	Α	. 7		
CITY OR TOWN (I	autside corporete limits,	e. LENGTH OF ST.		Maryland R TOWN (If outside corp		inne Arund (AL end give neeres)			
	give nearest town)	F7 1	X						
Annapo.  I. NAME OF HOSPIT	AL OR INSTITUTION (IF I	of in hospital, give street edd	ress) d. STREET	RURAL - Cr	ownsville		IS RESIDENCE ON A FARM?		
ine Arunde	1 General Ho	spital	4			YES			
NAME OF DECEASED	First	Middle	Last	4 DATE	Month	Dey	Year		
Type or print	Marvin	Lee	GOA1	OF DEATH	August	27	19 61.		
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI			. AGE (In years   IF U		NDER 24 HRS.		
Male 1	ATLALA	VIDOWED DIVORCE	T	1961	last birthday) Mo	nths Days Hou	Min.		
USUAL OCCUPATION OF WORLD	ON (Give kind of work king life, even if retired)	106 KIND OF BUSINESS OF			foreign country)	12, CITIZEN OF WHA	AT COUNTRY?		
	wind met exem it tement		) N	Marvland		U.S.			
FATHER'S NAME				S MAIDEN NAME	,	0 8 10 8			
Maurice	Francis COAI	T.E.	Shar	on Marie MA	STIN				
WAS DECEASED EVE	R IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY N		Oil Halle Hu	Address		~		
, no, or unkown)   (If	yes give we rordeles of serv	ice)	Unanti	ol Passada					
18. CAUSE OF D	EATH If nter only one ce	use per line, for (a), (b), and (		al Records	7 1	1 INTERVAL	BETWEEN		
	WAS CAUSED BY:	(1)	41 6	. /	( f.		ND DEATH		
77 /- 1	MMEDIATE CAUSE (a)	Englis	ald Th	4 Truck	Ha Zu				
107	DUE TO			7 1					
Conditions, if eny,	1-1	~		-					
gave rise to immedia (a), stating the un	DATE TO								
ceuse lest.	) (c)								
PART II. OTHER	SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN II		AS ALTOPSY ERFORMED? NO TO		
	AS UNDERLYING   2   CAUSE OF DEATH   MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURED. (Enter nature of	of injury in Pert I or Pert I	of item 18.)	The state of the s			
20c. TIME OF INJUI	RY Month, Dey, Yeer	20d, INJURY OCCURRED While Not While	20e. PLACE OF INJURY factory, street, office		y or town)	(County)	(Stefe)		

p.m. 21. I certify that (I) (DIX NOSMEN) attended the deceased from. July 7, ......, 19.61 to.... Aug. 27..., 19.61 that (I) (SEA) last 

22e. SIGNATURE PHYS. DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) Niel H. Sims 95 Cathedral St., Annapolis, Md.

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county)

Hillcrest Cemetery 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** arthur & Know



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8726 plnods PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) Anne Arundel Baltimore City a. STATE Maryland by the and 2 sideath. MARYLAND c. CITY OR TOWN (If outside corporate timils, write RURAL and give nearest own) b. CITY OR TOWN ( f outside corporate limits. e. LENGTH OF STAY IN 16 Write RURAL and give peerest lown) Baltimore 4 yrs. 16 dans . 5 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? hours Crownsville State Hospital 835 Vine Street YES NO TE apers, pletely NAME OF 4 DATE Yeer Month Middle 2 DECEASED OF (Type or print) DEATH John Coates 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey] Months WIDOWED F DIVORCED T 1887 Male Negro 10e USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. South Carolina Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calvin ? Unknown plez 15. WAS DECEASED EYER N L.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror deles of service) Haspital Records Unknown 218-10-5181 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Bronchopneumoria week IMMEDIATE CAUSE (e) signed **burial-transit DUE TO** Conditions, if any, peen (b) geve rise to Immediate cause DUE TO (a), stating the underlying has cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Senile Brain Disease YES X NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of .tem 18.) 208 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., etc.) DIRECTOR: A at work p.m 8/15/ 19 61, that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19.61, and that death occurred at 11.40 from the causes and on the date stated above. saw the deceased arive on .... 8 22b, DATE 22a SIGNATURE SIGNED ATTENDING x 61 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. death. F Crownsville State Hospital, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, | 236 DATE THEREOF REMOVAL (Specify) 0.5 8 ADDRESS REGISTRAR 256. REGISTRARY SIGNATURE 24 FUNERAL PRECTOR'S SIGNATURE VR A15 (4) DATEAUG 1 7 '61 15M 9/60 arthur & Kroug

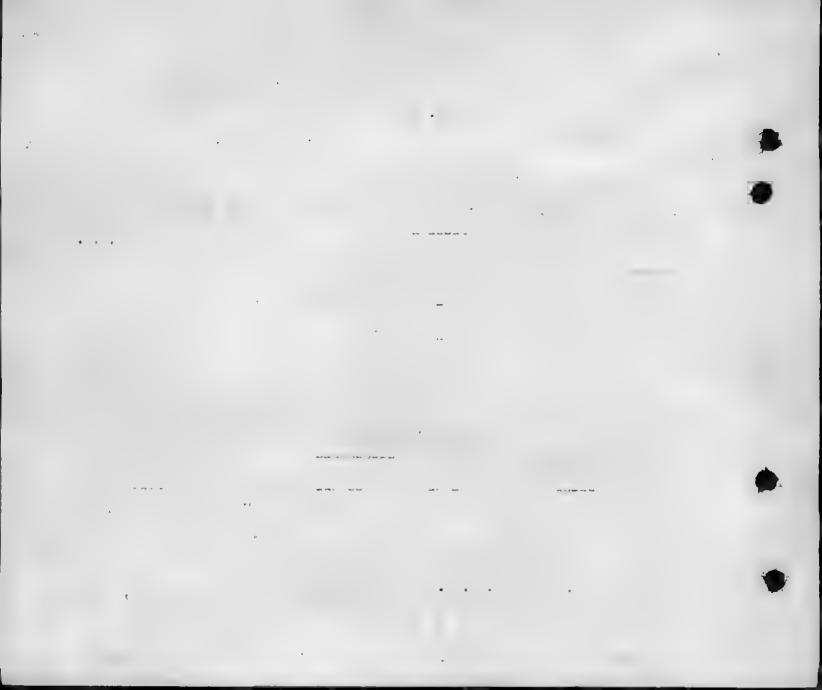
executed

certificate

PHYSICIAN:

hospital

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No director, illed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY filed a. STATE **6. COUNTY** MARYLAND b. CATY OR, TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give reporest town d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 171 NAME OF Middle 4. DATE Month Day Year DECEASED DEATH (Type or print) 196 6 COLOR OR RACE B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T 9. AGE (In years lost birthday) Months Davs Hours WIDOWED 17 DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired) 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Jam WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address N 18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. (c) PARE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 27 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stole) factory, street, office bldg., etc.) While Not while at work 🗀 of work 21. I certify) that I attended the deceased from.\_\_ ...that I last saw the deceased and that death occurred at 12:30 olive on ≥ M, from the couses and on the date stated above. ACTUAL SIGNATUR PHYSICIAN'S Charles Ball NAME (Type) FUNER 220 BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (Stote) REMOVAL ASPECITY 8/22/61 Baldwin Memorial lersvil AA Co. Md. 2 23. FUNERAL DIRECTOR'S SIGNATURE 6 ) A Links by ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Kyrkley, Glen Burnie, Md. VS A15 (4) DATE AUG 2 2 '61 arthur & Finne

15M 10/57



LARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND ESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH funeral should I tem 9 F11m 629 sur / Residence (Wille decesed lived, If institution: Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE Maryland AnnelArundel Anne Arundel MARYLAND e CITY OR TOWN (if outside corporete limits, write RURA, and give neerest town) b. CITY OR TOWN (if outside corporete limits. e LENGTH OF STAY IN 16 write RURAL and give negrest town) Annapolis Annapolis a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 82 Cathedral St. YES NO NO Anne Arundel General Hospital 3. NAME OF Year 4. DATE Month Middla DECEASED DEATH DIVALL 19 61 (Type or print) Rachal August 9. AGE (In years of UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH last bighday) DIVORCED [ Female Negro WIDOWED | 6 6 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A Domestic - Cook 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas Harriett James Brown aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) ! (Ifyesgivawarordatesofservice) Alexina Thomas - Rt. 2-Box 462 Anna. Md. 18. CAUSE OF DEATH Ifnier only one couse per Ind Air (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) geva rise to immediate cause DUE TO PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PERFORMED? YES XX NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of 'njury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) Month, Dev. Yeer fectory, street, office bldg., etc.) Not While Hour a.m. et work et work , 19 , to ..Aug.... 29.,..., 19.61 that (1) 1800 last 21. | certify that (!) OBXXXXXXXIII) attended the deceased from.. ... ... 19 61, and that death occurred at ..... M, from the causes and on the date stated above. MED. ATTENDING DIRECTOR PHYS PHYS. 22d. ADDRESS 22d PHYSICIAN'S Franklin St., Annapelis, Md. Christhilf FUN ector, Filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF A die Broadneck A.A.Co. Md. Sept. 1-61 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60 C.E.Hicks 111 Annapolis, Md.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

8729

08723

1 PLACE OF DEATH a. COUNTY ANNO	Arundel		MARY	LAND	2 USUAL RESIDENCE (WI G. STATE Maryland	here decease	d lived. If institute b COUNTY		hefore odmission) Arun lel		
	N (If autside carporate lim	its, write	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown)						
RURAL and giv	George G. Me	ebs	_		* Baltimore	е					
d NAME OF HO	PITAL (If not in haspital,	give street	address)		d. STREET ADDRESS				a IS RESIDEN	ICE	
KIMBR	OUGH ARMY HO	SPITA	AL		/ 4319 All	en Dri	.ve		YES NO		
3. NAME OF DECEASED		rst	Middle		Last	4 DATE OF	Man		Day Year		
(Type or print)	-	_	_		FARQUHAR	DEATH	AUGU	ST	24 19	61	
S. SEX		7. MARR	HED NEVER MARRIE	D 🔲 8	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER 24	HRS	
Male	Cau	WIDOW	DIYORCED		24 Aug 61		yrs.	WOUNT L	days Hadrs 2	55	
10a USUAL OCCUP/ during most of	TION (Give kind of work varking life, even if retired	dane 10b. I)	KIND OF BUSINESS OF	R INDUST	RY 11 BIRTHPLACE (Stote Maryland		country)	12. CITIZ	USA	TRY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N		-				
Richar	d Farquhar				Nancy Tor	mlinso	n				
	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.		ORMANT		Addi				
(Yes, no, or unknown)	(If yes, give war or dates of	Service)	-	M	other-4319 A	llen D	r Balto,	Md.			
18. CAUSE OF	DEATH [Enter only one o	ouse per li	ne far (a), (b), and (c).]	***					INTERVAL BETWE		
PART I.	DEATH WAS CAUSED BY:	Hyc	rocephalic						ONSET AND DEA	VIH	
	DUE TO	,	-								
Canditians,	any which	, Spi	ina bifida					at birth			
gave rise to	immediate OUS TO	)(			-						
tying couse lo	ng the under-	c)									
Z PART II			ONTRIBUTING TO DEA	TH BUT I	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS AUTO	OPSY	
ĮŽ.									YES NO		
PART II  200 ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of injury in	Part Lar Par	rt It of item 18.)				
ZOC. TIME OF IN	JURY Month, Day, Y	or 20d II	NJURY OCCURRED		CE OF INJURY (Home, farm		y ar town)	(Co	sunty) (	(State)	
20c TIME OF IN Hour a.	10	While at war	k at wark	fact	ary, street, affice bldg., etc	(.2					
21 I certify	that (I) (#55555555	<b>E</b> Kattenc	led the deceased	fram	24 Aug 19	61, 10.	24 Aug	, 19_6	that (I) (we)	last	
saw Jhe, dec	eased alive an _24	Aug	19 <b>61</b> and	that de	eath accurred all:	05, Aom	the causes an	d an the			
22a SIGNATUR	-118 -	11-	1 -A-12	0	ATTENDING A	ED	STAFE		22b DA	ATE GNED	
Alua	Stuar Densloy and MC MD PHYS MED DIRECTOR   STAFF   24 Aug 61 STAFF										
22° PHYSICIAN					22d, ADDRESS				35.		
STUAR	T M. BERNSTI	CIN, (	Capt., M.C.		Kimbrough	AH Ft	Geo G.	Meade,	Md.		
230 BURIAL, CREMA REMOVAL (Spec	T ON 23b, DATE THERE	OF	230 NAME OF CEME	TERY OR	CREMATORY	23d LOCA	TION (City, tawn,	or county)	(State)		
24, FUNERAL DIRECT	OR'S SIGNATURE	4	ADDRESS M	unto		D BY REGIS		STRAR'S SIG	NATURE		
Well	um Isle	yen	Mt. an	7/1	DATE "	0631	61 a	rthung g	Kraus		



## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) . COUNTY a. STATE Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Same NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Box 198 Route Same 3. NAME OF 4. DATE DECEASED (Type or print) DEATH Joseph Edward Foster Aug. 15th 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) 1, 2, ar age 5 m 1 and 2 v 72 hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Baltimore.Md. Furnace operator seged form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Hampschuh Edward Joseph Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Jimmie Foster (son) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY. Self inflicted wound to the heart with a 16 gauge IMMEDIATE CAUSE (e) Office DUE TO Sudden shot gun. Conditions, if eny, which [b] gave rise to Immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 CERTIFICA should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) forwarded to the prior at work et work 12-50 p.m. 8/15/61 Basement at home Severn 21. I certify that I look charge of the remains described above, held an Autopsy | Inspection K Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide X Homicide | Undetermined manner CRIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE. DEPUTY MEDICAL EXAMINER X 8/16/61 EXAMINER'S NAME (Type) Address (Street, city, town, or county) Glen Burnie, Md DEP 22s, BURIAL, CREMATION REMOVAL (Specify) 409 GleN 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME arthur & King

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES TE NO

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO F

(State)

DATE SIGNED



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN  CERTIFICATE OF DEATH  ()  ()  ()	372K
	ANNE ARUNDEL MARYLAND STATE MARYLAND B. COUNTY BALETIM	before admiss on)
_	CROWNSVILLE 2 MO. 6 days BALTIMORE 3/1	arast town)  4.  IS RESIDENCE
	CROWNSVILLE STATE HOSPITAL 1617 WESTWOOD AVE.	ON A FARM?
3.	DECEASED LOUISE M. FREELAND DEATH 8 2.0	Year 1961
"	FEMALE NEGRO WIDOWED DIVORCED 10/29 188/6 75 yrs. Months Deys	Hours Min.
do	HOUSEWIFE ? U.S.	WHAT COUNTRY?
13.	7 14. MOTHER'S MAIDEN NAME  MARY A. SMOCK	
	as, no, or unknown) [ (fives give water dates of service)]	0.50
	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  Throughout 44 a	CSP .  RVAL BETWEEN ET AND DEATH
TION		PERFORMED?
CERTIFICA	20. ACCIDENT WAS I NDEST VING (1) 1.20b. DESCRIBE HOW NURS OCCURED, Internative of in urv in Part I or Part II of dam 18.1	S 🗷 NO 💽
MEDICAL	20c. TIME OF INJURY Month, Day, Year  Hour a.m. 19  20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, office bldg., alc.)  White Note White at work at work	(Stata)
	21. I certify that (I) (this hospital) attended the deceased from	e stated above
	228. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR 22d ADDRESS	8/21/61
-	NAME (Type) L. Benedict, M. D. Crownsville State Hospital, Ma	
23	Lauria (Specify) 8-24-61 artitus	(Stata)
24	State Jo. 12650n 1348 n. Calhorin 85 Date AUG 2 2 '61 Date & King & King & Calhorin & Ca	
	MEDICAL CERTIFICATION	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI (1707)  T. PLACE OF DEATH  I. PLACE OF DEATH  I. PLACE OF DEATH  ANNE ARUNDEL  C. LINGTH OF STATISTICAL RESIDENCE (When decembed loved, Prestation, Residence and County Anne Arunder)  T. DEATH ARYLAND  C. CITY OF TOWN If town of the county Anne Arunder and County Anne Arunder



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) crem g. COUNTY a. STATE **b.** COUNTY MARYLAND ē CITY OR TOWN (If outside corporate fimils, write RURAL c. LENGTH OF STAY IN 16 c. CITY\_ORTOWN (If outside corporate limits, write RURAL and give nearest town) and area nearest lown) WHELSONVYLL d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES 🗍 NO 🖸 ö strar, NAME OF 3. Middle DATÉ erol Month Year OF DEATH (Type or print) 1961 9. AGE (n years COLOR-OR BACE 7. MARRIED NEVER WARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Davi Hours Min. WIDOWED [7] DIVORCED [ yes. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of workfig life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) er. en. Nat while of work at work p. m.

Suicide ...

Homicide ,

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINE

DATE AUG

ASSISTANT MEDICAL EXAMINER

24a. REC'D BY REGISTRAR

Inspection 24

22d. LOCATION (Gity, town, or county)

Undetermined cause

Inquiry

24b. REGISTRAR'S SIGNATURE

anthur & thans

and find that

DATE SIGNED

21. I certify that I took charge of the remains described above, held an Autopsy ...

Accident [

236. NAME OF CEMETERY OR CREMATORY

Matural couses

22b. DATE THEREOF

Cute the certificate, writing the word "pending" of forward on the Chief Medical comminer's Office of the comminer's Office of th

death resulted

**ACTUAL** 

SIGNATURE

**EXAMINER** 

NAME (Type)

220. BURIAL, CREMATION,

EMOVAL (Specify)

23. EUNERAL DIRECTOR'S SIGNATURES



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 118727 crematian 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? GENERAL HOSPITAL YES INO Y NAME OF DATE Year DECEASED (Type or print) DEATH 196 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BLAPHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Muknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 2065 (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(g) 19, WAS AUTOPS PERFORMED! 20g. EXTERNAL CAUSE WAS PRIMARY ( ) or CONTRIBUTING ( ) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INSURY (Home, form, i 20f. (City or town) Month, Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while the at work at work p. m. 21. I certify that took oberge of the remains described above, held an Autopsy . Inspection ... Inquiry and find that death resulted from Matural Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0

ADDRESS

DATE

24b. REGISTRAR'S SIGNATURE

Cithur S. Kraya

VS. A15ME(S) 5M 9/5S 23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 08728 8734 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed COUNTY a. STATE b. COUNTY ë MARYLAND b CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside carporate timits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 PURAL and pive nearpstytown) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ANNAPOLIS YES NO S 4. DATE OF DEATH NAME OF **Eirst** Middle Year Month DECEASED (Type or print) 19 6 5 SEX 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED [ DIVORCED [ 10a. JSUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dolling mast of working life, even if retired) SICI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .0 WEN #EM physicia remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANI Address <u>₽</u> offendi INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH ä. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ If ony, (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. peen : OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 14-200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) factory, street, office-blug., etc.) Hour a m. While Not-white tal sisteman ot work ot work p. m. 21. I certify that (I) (this haspital) attended the deceased fram 19-2-, that (1) (we) last bached saw the deceased alive an and that death accurred a from the causes and an the date stated above. ECTOR 22a. SIGNATURE 226 DATE Ĭ /SIGNED ATTENDING PHYS MED DIRECTOR [ STAFF M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (TVE BURIAL, CREMATION 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY JOCATION (City, lown, or county) (State) REMOVAL (Specify) 0 256 REGISTRAR'S SIGNATURE 24 ELINERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRESS VR A15 (4) Circlian S. Thrus DATESTIG 11 15M 9/59



VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

りつうと

08729

- Thomas							
1.	PLACE OF DEATH G. COUNTY		STATE	Where deceased lived.	If institution Resider  COUNTY	nce befare admission)	/
+	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest Jown)	AY IN 1b	. CITY OR TOWN	If autside carporate lin	nits, write RURAL and	give nearest town)	
L	GIEN GUTHE Sman	74.	BalT,	mor P	ej n		
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	4 11	67	e. IS RESIDER	RM?
=	124 W11502 Blyd.	<u> </u>	10651	17 411	2/,	YES N	
3.	NAME OF DECEASED (Type or print) brace Elizable	ETH (	ZEATZ	4. DATE OF DEATH	S	22 19C	15
5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MA		TE OF BIRTH	last	E (in years   IF UNDE birthday)   Manths	1 YEAR IF UNDER 2	Min.
10	Our USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINES	- V4	14 C JZ,	1900 (attemption of the property)	уп.	IZEN OF WHAT COU	INITOVS
	during most of working life, even if retired)		Mar	2/24	12 (11	21.54	2
13	3. FATHER'S NAME	14	MOTHER'S MAIDE	NAME	4	21 21/1	
L	William Maher		Gy	ace 1	1 95 m	15	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17 INFORA	AANT		Address		
-	NO 413-30-73	131 He/z	4 Lzel	2 124	Nilsen	1	
	1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and PART I DEATH WAS CAUSED BY:	(c).]	LEET	HEDAT	TO DIE	ONSECANDIDE	
L	IMMEDIATE CAUSE (o) CARCIN	0 1117	/ / / / / / / / / / / / / / / / / / /	116/11/2	. 0001	0 1.70	
	Conditions If now which \						
	gove rise to immediate (b)						
-	lying cause last. (c)						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN PAI	PERFORME	OPSY ED?
		V OCCUPPED (Fail	has mature of injury	in Part Lar Part II of	tem 18 t	YES N	0 🗌
L CERTIFI							
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED		F INJURY (Home, fi street, office bldg.,	arm, 20f. (City or tov etc.)	rn) (	County)	(State)
×		1	1 NO	11 0	11011641		
	21. I certify that (I) (this haspital) attended the deceas		7	19.12L, to .17	'/' '	22, that (I) (we)	
	saw the deceased alive an 1961, a	nd that death	accurred ary	M, from the c	auses and an th	22h D.	ATF
L	Charles anales MA	M.D.	ATTENDING H	MED. STA	rs 🗆	8-22	GNED
	22c PHYŠICIAN'S NAME (Type)		20H C	Ren Hur	1 . Dley!	Burnie A.	Id
23		EMETERY OR CRE	MATORY	23d. LOCATION	City, town, or county)	(State)	
8,	BILTIA 1 8-25-61 Ced	y- Hil	/ Cemetes	y Balto	and 1	74,	
24	Charles L. STEVENS Funeral	Hone,	TAC!	NUG o = '61	256 REGISTRAR'S SI	4	
	1501 E. FORT AVE,		DATE	10G 25 61	Cirthur &	Thurs	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution: Residence before edmission) director, Page or your files. a. COUNTY b. COUNTY is necessary, Anne Arundel Marvland Anne Arundel MERVIEND b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your f write RURAL and give neerest town) Annapolis 2 davs RURAL-Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State Anne Arundel General Hospital B 60 Ranch YES NO 3. NAME OF Middle 4 DATE Month Doy DECEASED OF 100 GREER (Type or print) Ralph DEATH August 19 61 0 9 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR lest birthday) This certificate should be executed within 24 hours after de word "pending" in pencil in Item 18. Give Pages 1, 2, ar dical Examiner's Office along with form PM3. Page 5 muld be used as a burial-transit permit, File pages 1 ayer 2. 2, ar 5 m Male WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) West Virginia Coal miner Coal pages I within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Robert Greer Mary Coumpton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unknown) ((fives give werordates of service) Hospital records. 18. CAUSE OF DEATH [finter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN \_= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lobar pneumonia, bilateral and days IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) githe word "pending" in Medical Examiner's Of should be used as a bu gave rise to immediate cause **DUE TO** (a), stelling the underlying cause lest. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part I, of item 18.) PRIMARY [ ] or CONTRIBUTING [ ] forwarded to the const MAL DIRECTOR: Page 3 sh CAUSE OF DEATH. AEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work 21 I certify that I took harge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion Natural causes Homicide Undetermined manner death resulted from-Accident Suicide CHIEF MEDICAL EXAMINER [ ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPLTY MEDICAL EXAMINER EXAMINER'S Annapolis, Md.
Address (Street, city, town, or county) NAME (Type) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stele) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Aug. 10.61 Wallace Memorial Cemetery Clintonville, Vest Va. Removal-Bur ₽40 246. REC'D BY REGISTRAR | 24b. REG.STRAR'S SIGNATURE 25 FUNERAL DIRECTOR VS. A15ME Annapolis, Maryland DATE AUG 1 4 '61 Home arihur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



# FOR STATE HEALTH DEPT please exectle the certificate, which is certificate should be executed within 24 hours after death. If any one is necessary, please exectle the certificate, which word "ponding" in pencil in Item 18. Give Pages 1, 2, and the turn director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may a retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour site death.

VS. A15ME SM 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
0727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08231

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decresed lived, if Institution: Residence before edmission)
~	COUNTY     Anne Arundle MARYLAND	*. STATE Maryland b. COUNTY Anne Arundle
A	b. CITY OR TOWN (il outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II outside corporete limits, write RURA), and give nearest town)
41	write RURAL and give nearest town)	Lathion
1	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	d) STREET ADDRESS 1 6. IS RESIDENCE
.		ON A FARM?
	Anne Arundle General  3. NAME OF First Middle	YES NO L
	DECEASED	OF
V	(Type or print) Floyd -	Griffin DEATH August 27 1961
Л	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 MRS, lest birthday)   Months   Days   Hours   Min.
	Male   Colored   WIDOWED   DIVORCED	3-8-1960 15 moe.
	10s. USUAL OCCUPATION (Give kind of work done String goest of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign coun.y)   12. CITIZEN OF WHAT COUNTRY
	Thouse	marche & U.S.
- (	13. HATHER'S NAME	14. MOTHER'S NATIOEN NAME
	The seal of the se	· Nellow . Il and
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? LITE, SOCIAL SECURITY NO. 17.	NFORMANT Addres
	fred ng of unkgwn) (llyesgive werordalesofservice)	love to be tate in Sulli
	18. CAUSE OF DEATH  Enter only one cause par line  or (a), (b), and (c).]	1 INTERVAL BEFWEEN
	DARY I DEATH WAS CALISED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) ASPHYRIA	
	DUE TO	
	Conditions, if any, which ) (b) Aspiration of sto	mach content
	gave rise to immediate cause DUE TO	
	cause last. (c) Gastro - entero -	colitis
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PET CONTRACTOR OF THE CONTRACT	YES TO NO F
		inter nature of injury in Pert I or Pert II of Item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	ZOc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or lown) (County) (Slete)
-		ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Batural causes X. Accident . Suice	
	2005/0	CHIEF MEDICAL EXAMINER
	SIGNATURE KNOSELL & Sher	ASSISTANT MEDICAL EXAMINER DATE SIGNED
•	EXAMINER'S December M. D.	DEPUTY MEDICAL EXAMINER
	NAME (Type) RUSSELL D. FISHER, M. D.	Address (Street, city, Jawn, or county) 8/28/61
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 228. LOCATION (City, town, or country) (Stete)
,	Burial 8-2-61 Moses	Linewery, Md.
1	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Villiam Deese 11 - (Jama)	Mai DATEAUG 29'61   Change to



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

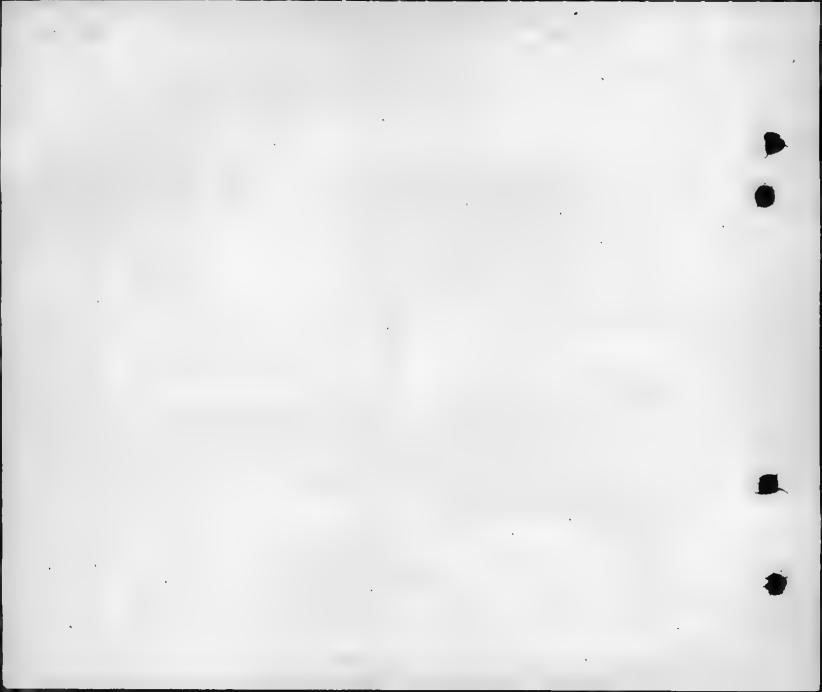
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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE **6 COUNTY** MARYLAND H. b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO P AIRVICH NAME OF First Middle Last DATE Manth Year OF DEATH DECEASED (Type or print) 1160 1961 8. DATE OF SIRTH IF UNDER 1 YEAR 1F UNDER 24 HRS 5 SEX 7. MARRIED NEVER MARRIED 9 AGE (In years last\_birthday) Manths 93 yrs DIVORCED [ WIDOWED IN 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OUSEMILE 13. FATHER'S NAME 15. WAS BECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO 71 Q10 gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 20f, (City or town) (State) Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at work 21 | certify that (1) (this hospital) attended the deceased fram... . 19.5 that (1) (we) last 19, and that death accurred also shows, from the causes and an the date stated above saw the deceased alive an 22d SIGNATURE 22b, DATE ~SIGNED ATTENDING PHYS. MED DIRECTOR M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, (Stote) 23b REMOVAL (Specify) DURIA 24. FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR DATE AUG

director, Filed funeral 200 24 cample pup carban 2 physician gned

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VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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7 .E	7		8739 CERTIFICATE OF DEATH	08733
Page director	12	1	PLACE OF DEATH  COUNTY  A COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residue)  b. COUNTY  b. COUNTY	dence before admission)
funeral ald be f	IAI		COTY OR TOWN (If outside corporate limits, write RURAL on Give nearest town). Buy	d give nearest town)
urs offer	X		OR INSTITUTION  OR ASSET CLUE , Schauset Que	e is residence on a farm? yes \ no \_
n 24 ha iilled in jes 1 cm oth.	· ·		NAME OF DECEASED Type or print)  A First Middle L. Heints  4. DATE Month OF DEATH  8 -	12 1961
ple sire	E)	5	EX 6 COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH 9. AGE (In years less import) Month widowed widowed Divorced   July 20-1872 8 9 yrs	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
execute and com an pope 2 haurs		10a	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 ARTHPLACE (Stole or foreign country) 12 (Cranston III)	1. S. H.
sicion o		13	FATHERS NAME 14 MOTHER'S MAIDEN NAME UNESNOWN	
r certifii ing phy e remor event, v			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Caroline M. Heints	(2)
attending pleas			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
that the lby the nit. The vol, and			Canditions, if ony, which)  (b)  DUE TO  Canditions, if ony, which)	274.
require, on. n signed sit pern			gove rise to immediate couse (a), stating the under-lying couse last.	
he law physici nas bee rial-tron	体	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
tending frate l	,	I CERTIF	206 ACCIDENT WAS UNDERLYING  206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC rol &r of		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	(County) (Stote)
NDING e hospid t: After sched fo			21 I certify that (I) (this haspital) attended the deceased fram 1/2 1/2 198 to 8-12-, 19 saw the deceased alive an 1-8-12-196, and that death accurred at 50M, fram the causes and an i	the date stated above.
A ATTE d by th RECTOR be deto of Red			220 SIGNATUR  M.D. ATTENDING MED DIRECTOR STAFF DIRECTOR PHYS	22b DATE SIGNED
R Should should be 8 min	1.		PHYSICIAN S NAME LIVED DAMES R. MARTIN 6 SITAW ST. ANNAPO	oLis, Mp.
moy be D FUNE		230 [].	BURIAL CREMATION. 236 DATE THEREOF 23c NAME OF CHMETERY OR CREMATORY 23d OCATION (City, town, or count )	is Ma.
VR A15 (4) 15M 9/59		24	John The Grand Control of Control	2. Kraue



TE DEFILTY MIDICAL EXAMINER: This carifical should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the "tificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral discinct. Page 4 should be	**	, crematian,	
necessary,	tor. Page		TO FUNERA. DIRECTOR: Page 3 Told be used as a burial-transit permit. File pages 1 and 2 with egistrar pior to burial, dres	(
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VS. A15ME(5)

5M 9/55

			MARY	LAND :	STATE DEPAR	RTME	NT OF H	EALTH	-BAL	TIMORE,	18			
			8740 M	EDICA	L EXAMIN	ER'S	CERTII	FICAT	E OF	DEATH	Red D	lst. No	(18	734
		PLACE OF DEATH					2. USUAL RES	IDENCE (WI	nere deceas	ed lived. If Institu	tion: Resid			
		Ar	nne Arumdel		MARY	YLAND	G. STATE	Maryl	and	b. COUNT	Anne	Aru	inde:	L
	b	and give nearest to:		rite RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside corp	orote limits, write	RURAL on	d give n	parest ta	wn)
		Annapo					X	Gambr	ills					
	d				spital, give street addre	ss)	d. STREET						e. IS RI	A FARM?
1			ne Arundel					y Acre			<del></del>		YES D	МО
	- 4	NAME OF DECEASED (Type or print)	PAV.	înst Tin	MICHAEL I	HITT	Lost Tito	1	OF DEATH	Month		Day		ear
	5. S		- 42		ED NEVER MARRIE					9. AGE (in years	UST IFUNDER	5		9 61 ER 24 HRS.
		Male	White	WIDOWE			Dec. 11.			iosi birthdoyj 3 yrs.	Months	Days	Hours	Min.
	10o.	. USUAL OCCUPAT	ION (Give kind of world	done 10b.	KIND OF BUSINESS OR	- , .					12. CIT	IZEN OI	TAHW	COUNTRY
	d	luring most of work None	ing life, even if retired	'	None			apolis			US	Δ		
	13.	FATHER'S NAME					14. MOTHER'S			, more		**		
L			aul A. Hitt				Doro	thy C	ole					
	15. (Yes,	WAS DECEASED E	YER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
	_	no	no		n•ne	Mr	. Paul	A. Hit	tle -	Father-	sam	8 8	# 2	?
			ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (	٠) اد	for (o). (b). and (c).]  ACCIDENT	LAT I	DROWNING	}		· · · · · ·		ONE	AND TEA	en
		DUE TO												
		Conditions, if gove rise to imm	ediate couse	·L										
		(o), stating the	underlying DUE TO	ri ri										
	ž		THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	I 1(a) 19	. WAS /	AUTOPSY
	CATIC											- 1	PERFO	RMED?
	CERTIFICATION	20g. EXTERNAL CA	ONTRIBUTING 🖂 📑	106. DESCRIB	E HOW INJURY OCCUI	RRED. (Er	Her nature of in	jury în Part I	ar Part II o	of item 18.)				
		CAUSE OF DEATH	•	Drown	ed in pond	on I	Parm							
ţ	MEDICAL	20c. TIME OF INJU	- Amer 5	67 White	NOL While	focte	ry street affice	bldo. etc.)	20f. (City	or town)	(Co	unty)		(State)
ar.	ME	p. m	. 11	of we	ork at work		on far			brills.				
			/	1 -	remains describe		—	١ ′ .	_	spection 🔼,			and f	ind that
		death resulte	d from: Natural	celuses [	Accident V	₹ Suic	ide ∐, H	omicide	∐, Un	determined c	ause _			
		ACTUAL /		7	-00V/		CHIEF	ENICAL EVA	MINED [7]				DATE S	IGNED
SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF														
		EXAMINER'S NAME (Type)	Elmer G. L	hand	+			MEDICAL EX		_	lugus	t 5	196	.7.
	22a.		ON. 22b. DATE THERE	OF	22c. NAME OF CEMET	ERY OR	CREMATORY	12	22d. LOCAT	ION (City, town, o		<u> </u>	[Stote	
			ON, 226, DATE THERE		Our Lady	of S	orrows		Owens:	ville, Ma	rvle	nd		
,	23.5	FUNERAL DIRECTO	R'S SIGNATURE Z	716-	ADDRESS			740. REC'D	BY REGISTI	RAR 246, REGIS	TRAR'S SIG	SNATUR	E	
E-	Нс	opping Fu	nera1 Home	Ann	apolis, Mar	יום [ זור	ndbr	DATE A	UG 8	'61 (	Intlan	8. Ku	nod	



## Division of STATISTICAL RES **BALTIMORE 1. MARYLAND** AL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) director, Page or your files, oard of Health. a. COUNTY **6. COUNTY** b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State 4. DATE DECEASED OF the (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months ! 2, an WIDOWED [ DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Pag≡ V within 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT ARMED FORCES? permit. along with 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] \_ burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Office **DUE TO** removal. Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying **Examiner** cause last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 9 Medical should 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) 20c. TIME OF INJURY (County) forwarded to the C factory, street, office bldg., etc.) While Not While Hour a.m. e the certificate, w at work at work prior DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry and in my opinion agent, death resulted from: Natural causes 4 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [ DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER plnods NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

VII. A15ME 5M 7/59

0

27a, BURIAL, CREMATION, 22b.

REMOVAL (Specify)

FUNERAL DIRECTOR

DATE THEREOF

DEPU

24a, REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or country)

Address (Street, city, town, or county)

. IS RESIDENCE ON A FARM?

YES TO NO!

PERFORMED?

NO A

(Slala)

(State)

19

Hours



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 8/14/01 1. PLACE OF DEATH e. COUNTY e. STATE Anne Arundel 12 12 MARYLAND by the b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 write RURAL and give nearest town) after led in Annapolis Annapolis rages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1918 Park Ave. Anne Arundel General Hospital 3. NAME OF 4. DATE Middle Last DECEASED OF (Type or print) DEATH TVFYJames 6. COLOR OR RACE 17. MARRIED B. DATE OF BIRTH NEVER MARRIED WIDOWED X DIVORCED Male physician IDe. JSUAL OCCUPATION (Give x nd of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP, ACE (County & Stete, or foreign country) remove weekings fo, even if retired Marvland 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2 attending | and ă Then WAS DECEASED EVER IN J.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ; (If yes give wer or detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Partyl or Part II of Item 18.) OR CONTRIBUTING (") CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. I certify that (I) (DOCONGOGO attended the deceased from July 28, 19.61 to Aug. 1, 19.61 that (I) (AG) last saw the deceased alive on Aug. I. 3:20 P.M. 22m JONATURE MED. ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c, PHYS CIAN'S NAME (Type) Maurice Klawans director, be filed NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. EMOVAL (Specify) 0 2Se. REC'D BY REGISTRAR 1 256 REGISTRAR'S SIGNATURE VR A15 (4) ISM 9/60 DATE AUG

RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND

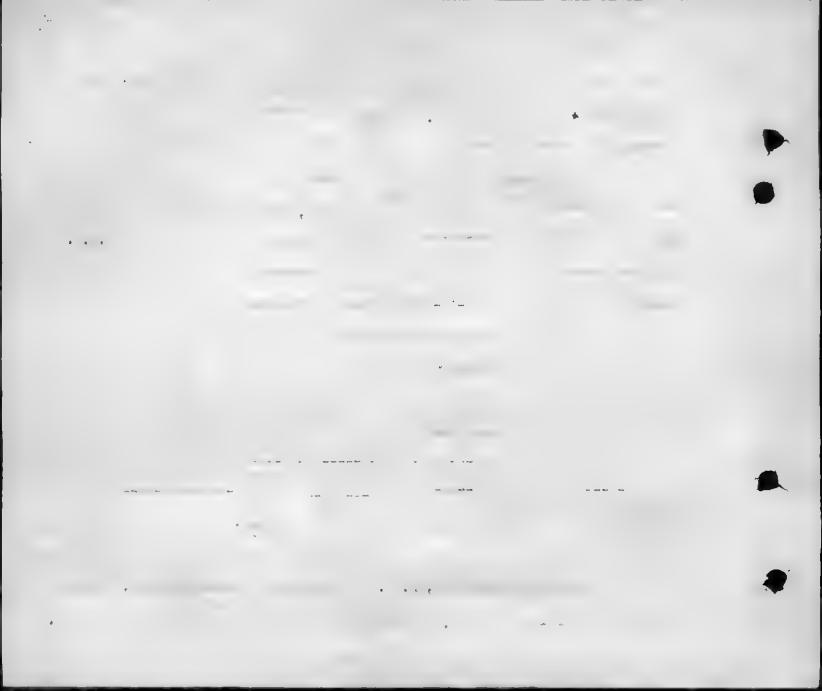
2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Month Dev Year 19 61. August TE In years HE JNDER 1 YEAR IF UNDER 24 HRS. las birthdey) Months | Devs 1 12. CITIZEN OF WHAT COUNTRY? U.S. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO X (County) 22b. DATE SIGNED 31 Southgate Ave., Annapolis, Md. 23d. LOCATION (City, town or county)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) a. COUNTY b. COUNTY Anne Arundel Baltimore City MARYLAND Maryland 12 P death. 23 years and b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) ۾ Baltimore Crownsville <u>.</u> = llmos. 13 day d STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 1400 McCulloh Street Crownsville State Hospital YES NO NAME OF Middle Year Month DECEASED 1961 (Type or print) Jackson DEATH Edmind 16. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years HF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX last birthday) Months Hours นอไ 🛊 Negro WIDOWED [ DIVORCED October 1. 1925 physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore an country) ò done during most of working life, even if retired) Maryland W.S.A. None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending death William Jackson Rebacca ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no. or unkown) | [If yes giva war or datas of servical Hospital Records Unknown ihe INTERVAL RETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Hemorrhage IM \*EDIATE CAUSE (a) Pulmonary TBo gava risa to immediate cause DUE TO (a), stating the underlying PART I, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Mongolism NO TO 20% ACCIDENT WAS UNDERLYING [] | 20%. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH ! (County) (State) 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, ferm, 20f. [City or fown, 20c. TIME OF INLERY Month, Day, Year factory, street, office bldg , etc.) While - Hor White DIRECTOR

3 should be detact Hour a.m. al work at work 8/23 19.37 to 8/6 19.61, that (I) (we) last that (I) (this hospital) attended the deceased from .1961., and that death occurred at 7.1.25, from the causes and on the date stated above. saw the 22b. DATE ATTENDING DIRECTOR PHYS. /61 PHYS 22d. ADDRESS 22c PHY HCIAN'S Crownsville State Hospital, Maryland NAME (Type) Lionel Mchenry HO.
death.
Fro Fundirecto 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. [OCATION (City, town or county) (State) REMOVAL (Specify) Md. Baltimore. Mt. Auburn Cem Burial 8-9-61 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEAUG 1 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



TO DEPUTY MEDICAL EXAMINER: This certificate should be examined within 24 hours after death. If any delay is necessary, please execute the Capititale, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dispetar. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your full to be used as a buriol-transit permit. File pages 1 and 2 with egistrary. It is buriol, cremation, forwor TO FUNE. Vs. A15ME(5)

SM 9/55

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	8745	MEDICA	L EXAMINER'	S CERTIFICAT	TE OF DE	ATH Reg. Dist.	No. (18739		
	PLACE OF DEATH A. CO	•	MARYLAND	2. USUAL RESIDENCE IV	Vhere deceased lived	J. If institution: Residence b. COUNTY	before odmissian) A (° 0)		
1	p. CITY OR TOWN (If outside corporate fi and give nearest town)	mills, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR DOWN (II	poside corporole!	imits, write RURAL and gi	ve nearest town)		
6	O.A. HUNE	Min	ito], give street address)	d. STREET ADDRESS		0	e, IS RES DENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	First COY9/JA	Middle UIN 0Z	HCK56N.	4. DATE OF DEATH	8 11	Doy Year 19 <i>C</i> /		
5. 5	SEX F 6. COLOR OR	RACE 7- MARRIEI WIDOWED		1-18-20		(In years inthday) Months Day	ys Hours Min.		
100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of working life, even if refired)									
13.	13. FATHER'S NAME  (4) AAC, AU COMPA  14. MOTHER'S MAIDEN NAME  Searchanna Library  15. MOTHER'S MAIDEN NAME								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  (Yes, no., or unknown)  (If yes, give wor or dates of service)  216-26-6526  Address  Criumanilli								
	18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE MAKEDIATE CA	D BY:	(5), (b), and (c),	V		Q	INTERNAL BETWEEN		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause tost.	(b) UE TO (c)							
CATION	PART II. OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONI	DITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?		
CERTIFICATION	20d EXTERNAL CAUSE WAS PRIMARY   0 or CONTRIBUTING   CAUSE OF DEATH.	20b. DESCRIBE	HOW INJURY OCCURRED. (	Enter noture of injury in Par	t I or Port II of item	18.)			
MEDICAL	20c. TIME OF INJURY Month, I Hour o. m. p. m.	While	Not white to at work	CE OF INJURY (Home, form tory, street, office bldg., etc	n. 20f. (City or tow	rn) (County	y) (Stote)		
	21. I certify that trock charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from Material saves Accident, Suicide, Hamicide, Undetermined cause								
	ACTUAL SIGNATURE	haus	et 1	M.D. CHIEF MEDICAL E.			DATE MGNED		
22/	EXAMINER'S NAME (Type)	LINI	10 RV .	DEPUTY MEDICAL	EXAMINER D	City, town, or county)	(Stafe) /		
	FUNERAL DIRECTOR'S SIGNATURE	161961	Calfindr's	7+cll   24a, REE	To no	1 Status 246. REGISTRAR'S SIGN	re Told		
23.	Annil Act	moin	Annapa	DATE DATE	06 1 6 61	arthur 8.			



## LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 1. PLACE OF DEATH = COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Same Laurel 6 wears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS bildren's Co. El 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Ther To 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) last birthday) Months WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give blad of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if refired) Counselor at Children's Center Richroand Va. PM3. Pa pages 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME oses A. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) To Lon (trod er incolon "Encoli 18. CAUSE OF DEATH limiter only one cause per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY: Coversor Lectusion IMMEDIATE CAUSE (a) DUE TO burial ö Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. Page B 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour am While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry 25 forwarded 1 Natural causes V Suicide Homicide [ Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER [X] EXAMINER'S Glen Punnie, Ma. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22s. BURIAL, CREMATION. REMOVAL (Specify) Richmond, Virginia <u>0</u>.4□ 0 Woodland Cemeterv Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Kruss

. IS RESIDENCE ON A FARM? YES NO TO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO -F-4

> > (Steta)

and in my opinion

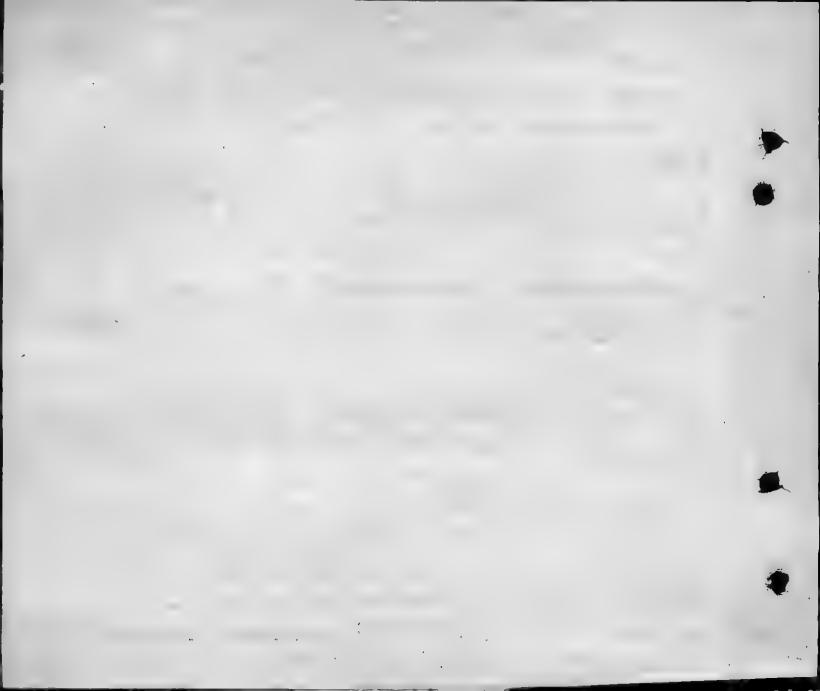
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DIVISION OF STATISTICAL RE ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution: Residence before admission) e. COUNTY Anne Arundel Co. b. COUNTY MARYLAND WASHINGTON b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) 33 DAYS HAGERSTOWN CROWNSVILLE affer Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE VII ON A FARM? 336 N. JONATHAN YES NO L 3. NAME OF Midd.e 4. DATE Year DECEASED OF NUSAHIBL 19 (Type or print) DEATH 1961 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BRIH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. FEMALE lest birthdey) Months Days Hours WIDOWED A DIVORCED physician 10a. USUAL OCCUPATION (Greeking of work | 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UNEMPLOYED U.S.A 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME please guipi JIMMY NO2NHOL PHILLIS STEVENS affen 15. WAS DECEASED EVER NU.S. ARMED FORCES? | 16 SOC AL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (ifyesgivewerordetesofservice) Dr. I. Turek. No Crownsville STATEHOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Diabetes Mellitus MMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying cause lest. certificate PART II. OTHER 5 ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(81) 19. WAS AUTOPSY ospital PERFORMED? . 35 NO 20e. ACCIDENT WAS UNDERLYING . I | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dey, Yeer (County) (Stete) factory, street, office bldg . etc.) Not While While Hour am at work at work DIRECTOR: 1961, to 8/19 ..... 161., that (I) (we) last 19 61., and that death occurred a 6.2.30M, from the causes and on the date stated above. saw the deceased alive/on.... 22e. SIGNATURE 22b. DATE ATTENDING JGNED DIRECTOR PHYS. 61 PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE Crownsville State Hospital, Maryland Benedict. rector, 23e. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) REMOVAL (Spacify) 0:53 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

certificate

LAND STATE DIPARTMENT OF HEALTH



82 S ( M )	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 18743						
hauld bhauld b	7. PLACE OF DEATH  2. USUAL RESIDENCE (Where desposed lived. If institution, Residence before admission)						
2 % 2	Com as country ( ). (c.						
Page Page	b. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. SHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
ar.	d/NAME OF MOSPITAL OR INSTITUTION (If not inflaspital, give street address) d. STREET ADDRESS / //   e IS RESIDENCE						
- 15 G	C. C. General Hosp. 17 allege are VES NO I						
eral our f	3. NAME OF DECEASED (Type or print) ROCA C JOSEPH JOHNSON DEATH PARTY PA						
E 2 5 8	1961  5. SEX 1 6. SQLOR OR RACE 7. MARRIED NEVER MARRIED DE B. DATE OF BIRTH 9. AGE (In years   14 UNDER 14 ARS.)						
# 0 0 E	Male Col, WIDOWED [] 1-16-1941 20 yrs. Months Days Hours Min.						
nd 3	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY:						
offer 2, ar 7 be and	La temporario de la como la co						
S may	Charles of Bond						
2≡ bage age e Page	15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If you, group-wor of dates of service)						
E Sive	770 mary Shym - 17 Callege ave.						
18. C	18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), god (c).] PART I. DEATH WAS CAUSED BY:						
farm ii pe	IMMEDIATE CAUSE (a) Printer Julian Julian						
in the with with trans	Conditions, if any, which ) (b)						
tang tang tang tang	gove rise to immediate couse (Q), stating the underlying OUE TO						
2 a a a a a a a a a a a a a a a a a a a	COUSE TOST.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY						
deng" s Officate sed as	PERFORMED? YES \( \text{NO} \text{NO} \text{NO} \text{NO} \text{NO} \text{NO} \( \text{NO} \text						
is mert	200. EXTERMAL CAUSE WAS PRIMAR N.D. or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED Tenter nature of injury of Port II or Port II of item 18.)						
#I to a f	3 20c. YIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 120f. (City or favm) (County) (Stote)						
The seed of the se	Hau o.m. 5-9 196 / While Not while of work of						
A Page	21. I certify that haak charge of the remains described above, held an Autopsy . Inspection : Inquiry . and find that						
Chie	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .						
ficate the the	ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNED						
A BA	ASSISTANT MEDICAL EXAMINER [4]						
The the	EXAMINER'S CLINGARY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU						
cute the forward or rem	220. EGRIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 TOCATION (City, town, or country) (State)						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS						
VS. A15ME(5) 5M 9/55	Dilliam Lease, 11 Lugya. M. DATE AUG 1 4 '61 / Cirling I. Kines.						

TATE DEPARTMENT OF HEALTH—BALTIMORE, 18



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, If Institution, Residence before admission) a. COUNTY **b.** COUNTY BANKS b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | mits, write RURAL end give neerest town, and give neerest town), d. NAME OF HOSPITA OR INSTITUTION (if not in hospital, g ve street address) . IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 19 16. COLOR OR RACE | 7. MARRIED 19. AGE (In years I LE ENDER 1 YEAR IF UNDER 24 HRS. SEX NEVER MARRIED lest birthday | Months Days Hours WIDOWED D physician 10a. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUS NESS OR INDUSTRY dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOZHER'S MAIDEN NAME attendi≣g pl .⊆ 16. SOMAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (lifyes g've wer or detes of service). the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART , DEATH WAS CAUSED BY: months IMMEDIATE CAUSE (6)\_ DUE TO Conditions, if any, which (b) gave rise to Immadiate ceuse DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work al work 21. | certify that (1) (this hospital) attended the deceased from ... DIRECT 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. page with t 22d\_ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) OH हें है **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Hour 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	a. COUNTY HONE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived in institution Absidence before admission) b. COUNTY HONE HRUNDE								
)	b CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown)								
	d. NAME OF HOSPITAL (If not re-paspilo), give street address or institution 53 Cohhage AVE 153 Cohhege AVE 915 NOSE								
	3 NAME OF DECEASED (Type or print) Lotte E. Let 4. DATE OF DEATH 8 30 196/								
	S. SEX    6. COLOR OF RACE   7 MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years last burthody)   Months   Days   Mours   Min   Min								
	100 USUAL OCCUPATION (Give kind of wark dane of the first								
	HLFRED OWEN BAKER CHARLOTTE BRUEN								
	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIÁL SECURITY NO.  17. INFORMANT  EDWARD LEE  Address  2								
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Candilians, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  (c)								
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \( \sigma \text{NO} \)								
	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH USE O								
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m.  P. m.  19  20d. INJURY OCCURRED Flace OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) factory, street, affice bldg, etc.)								
	21 I certify that (I) (this hospital) attended the deceased from. 8/29196/to 8/30, 196/that (I) (we) last sow the deceased olive on 8/29196/and that death accurred at A M, from the causes and on the date stated abave.  22a SIGNATURE  ATTENDING MED. STAFF SIGNED  22b. DATE SIGNED  22c PHYSICIAN'S DIRECTOR DIR								
	Richard L. Hochman, M.D. 100 (Hedral ), Hunapolis, Md  230 BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERS OF CREMATORY 23d JOSATION (City, town or county)  Premoval (Section) 9-1-6/ St. HNES HNA ADOLIS ND.								
	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRES								
	1 Sel 5 6 Firend A. Frank								

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should be filed with may be RECTOR: After this difficate has been signed by the attending physician and cmmple, page 3 should be detached for the state burial-transit permit. Then please remove carban-papers, the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer.

VR A1S (4) 15M 9/S9



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if Institutions Residence before edmission) is ne.
director. r.
your files.
f Health, . COUNTY e. STATE b. COUNTY Anne Arundel

5. CITY OR TOWN (if outside corporate I m is, write RURAL and give nearest town) MARYLAND Anne Arundel Maryland
c. CIT OR TOWN (If outside corporate I m ts, write RURAL and give nearest Iown) c. LENGTH OF STAY IN 16 Annapolis Annapoli d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 22 Maryland Ave. YES NO Chase Home NAME OF DATE MARGARITM BLIGHT Middle SUEUR Month Year DECEASED OF (Type or print) DEATH Marguerite 1961 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR ) IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) | Months Days Hours Mîn. FE C WIDOWED X 5 H DIVORCED Female 10a USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12. CIT-ZEN OF WHAT COUNTRY done during most of working life, even if retired? .N. Ret. U.S. Chile, S.A. Nurse pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cynthia Hines 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unkown) i (Ifyas give wer or detes of servica) permit, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Asphyxiation - Due to strangulation IMMEDIATE CAUSE (a) Office O DUE TO burial-moval, Conditions, if eny, which (15) gave rise to immadiate cause m DUE TO (a), stating the undarlying 250 cause fast. PART II OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO 🕝 T 20a. EXTERNAL CAUSE WAS 206 DESCRIBE NOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Homa, form, 1 20f. (City or town) (County) (Stata) Month, Day, Year the Ch Not While fectory, streat, office bldg., etc.) While el work at work 19 67 Arundel Md. Chase Home Annapolis 21 I certify that I took charge of the remains described above, held an Autopsy X. nspection Inquiry and in my opinion O Homicide X Undetermined manner death resulted from: Majural causes Accident Su cide should be forwarded should be forwarded be forwarded by FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER -73-117.T3-7-1-DEPUTY MEDICAL EXAMINER [ 8-19-61 EXAMINER'S NAME (Typa) Address (Street, city, town or county) William/ Lovitt, Address (Street, city, town or county)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION ICITY, town, or country) DE 22b. DATE THEREOF 220. BURIAL, CREMATION, (State) REMOVAL (Specify) 408 Baltimore Woodlawn Burial 248. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR NUG 2 2 '61 Cathur & Kines VS. A15ME John M. Taylor and Sons Annapolis, Md pare 5M 9.60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 8754 118748 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAt)RESIDENCE (Where deceased lived If institution: Residence, before admission) filed MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL and give nearest town) P d NAME OF HOSPITAL (If no) in hospital, give street oddress d STREET ADDRESS OR INSTITUTION ON A FARM? YES NO X NAME OF 4. DATE Middle Year Day DECEASED (Type or print) 115 1961 B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 6 COLOR ORIRACE 7 MARRIED NEVER MARRIED lost birthdax) Months Doys WIDOWED [ DIVORCED [ 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY (11 12. CITIZEN OF WHAT COUNTRY? most of working ife, eves if retired) 13 FATHER'S MAME 14. MOTHER'S MAIDEN NAME ,⊑ g physicu remave d 5 WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO Address # 2 attending | es egse 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEAD PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if only, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City ar town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m. 라 드 21. Vcertify that (1) (this haspital) attended the deceased from 1961, and that death accurred at-M, fram the causes and an the date stated above. salv the deceased alive 08. 22b. DATE SIGNED ATTENDING MED. STAFF M.D. PHYS. 22d. ADDRESS FUNER FUNER 23a. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. EQCATION (City, town og county) reek 2 24) FUNERAL DINECTOR'S STONATURE ADDRES! 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A1S (4) DATE Cirting & Hours 15M 9/59

24



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission COUNTY ANNE ARUNDA MARYLAND b. CITY OR TOWN (if outside corporate limits, de corporata limits, write RURAL and give neerest towns c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give stael eddress) ON A FARM? 1/8 NAME OF YES NO M ddle DECEASED (Type or print) DEATH 9. AGE (In Veers ME UNDER 1 YEAR NEVER MARRED [ lest birthday] | Months WIDOWED [7] D. VORCED 10a. USEAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) Ger MANY 4.5.12 House WIFE 13. FATHER'S NAME MOTHER'S MAIDEN NAME please aftending Jos eph HIMFK (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gova rise to immediate causa DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 WAS AUTOPSY PERFORMED? NO T 20a, ACCIDENT WAS UNDERLYING | 20b. DESCR.BE HOW IN.URY OCCURED (Enter neture of injury in Part 2 or Part II of item 18)
OR CONTRIBUTING | CAUSE OF DEATH
[IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) While Not While at work et work 1...... 1961, to Green 5 .., 196.1., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... , and that death occured at 7.5.M, from the vauses and on the date stated above. 22b. DATE ATTENDING SIGNED Cur DIRECTOR PHYS. PHYS. MD. 22d ADDRES FUND rector, filed 236. BURIAL, CREMATION, 236. DATE THEREOF SEMOVAL (Specify) O 24 FUNERAL DIRECTOR'S SIGNATUR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF TAXISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before edmission) COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete s mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 6mos 28 des write RURAL and give neerest town) BaltimoreCrownsville days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 304 Dallas Street YES NO X Crownsville State Hospital 3. NAME OF Middle 4. DATE DECEASED Gideon Lofton 1961 DEATH (Type or print) 6. COLOR OR RACE 7 MARNED NEVER M. IF UNDER 24 HRS. 9. AGE (In yeers | IF JNDER 1 YEAR | 5. SEX DATE OF BIRTH lest birthdey) Months Devs Male Negro 1880 hysician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 B RTHPLACE (County & Stete, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Ad drass (Yes, no, or unkown) (Ayesgivewerordetesofservice) Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b, end (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Myocardial Infarction minutes IMMEDIATE CAUSE (+) DJE TO Arteriosclerotic Cardiovascular Disease Years Conditions, feny, which gave rise to immediate cause with Hypertension (e), stetling the underlying PART F. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 PERFORMED? 0 NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18 ! 2De. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY 2Dd INJURY OCCURRED | 2De. PLACE OF NJJRY (Home, farm, 2Df (City or town) (County) [Stefe] Month, Dey, Yeer factory, street, office bldg , etc.) , While at work DIRECTOR: 19.61 to 2/1 21 | certify that (I) (this/hospital) attended the deceased from. 19. 61, and that death occured at saw the deceased alive of 22b. DATE 22e. SIGNATURE SIGNED ATTENDING D RECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict, M. D. Crownsville State Hospital. Maryland 123d, LOCATION (City, town or county) 230- BURIAL, CREMATION, 236 CEMETERY OR CREMATORY (Stete) 0 ADDRE REC'D BY REGISTRAR , 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Chrimo d. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8757 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) e. COUNTY filed b. COUNTY MARYLAND Anne Arundel Marvland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě. RURAL and give nearest town) shavid Laurel (Rural) vears Laurel (Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 Laurel Race Track, Laurel, Maryland YES NO W NAME OF 4. DATE Middle lost Month Day Yeor Frances Requa (Type or print) Martin DEATH August 19 6 COLOR OR RACE 7 MARRIED M NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Female Whi te WIDOWED [7] DIVORCED [7] January 15,1899 yes. pape 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home Tarrytown, N.Y. Housewi.fe U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Milton Requa Myra Ruth Lee IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Laurel. Md. No George Harris Martin, Jr. Laurel Race Track 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Adenogarcing of Colon DUE TO permit. Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🏋 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) CERT ñ WEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work ē October 22 10 60 to August 8 19 61 that I last saw the deceased 21. I certify that I attended the deceased from olive on August and that death occurred at 10 P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stotal DATE SIGNED DIRECT ACTUAL Main Street, Laurel, Maryland PHYSICIAL he registrar NAME (Pype) Richard Compton M. D. 3 22b. DATE THEREOF 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

Fort Lincoln Cemetery

Colmar Manor, Maryland

245. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATE AUG 1 4 '61

0

23. FUNERAL DIRECTOR'S SIGNATURE

director

funeral

ond

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enecumed within 24 hours after denth.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If the may be retained to the capital or altending physician.

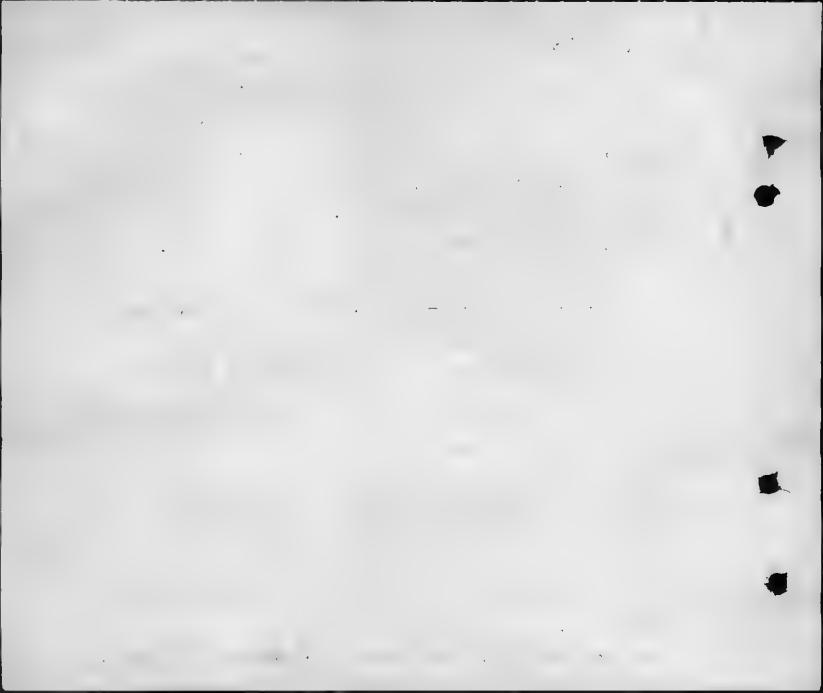
TO FUNE AL DIRECTOR: A this certificate has been signed by the attending physician and appletely a din by the funeral director, page 3 should be detacted for use as the burial-transit permit. Then please remove carb papers. Peges 1 and 2 should be detacted for use as the burial-transit permit. Then please remove carb papers. Peges 1 and 2 should be detacted for use as the burial-transit permit. Then please remove carb papers. Peges 1 and 2 should be detacted for use as the burial-transit permit. Then please remove carb papers. Peges 1 and 2 should be detacted for use to burial, cremation, or removal, and in any event, within 72 hour after death.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1875)

	1. FLACE OF DEATH 2. COUNTY Anne Arundel MARYLAND	a. STATE  Md.  A  A				
	b. CITY OR TOWN (if outs de corporete limits. c LENGTH OF STAY IN 1b write RURAL end give neerest town)  Pas adena (Rural)	c. CITY OR TOWN (foutside corporata limits, writa RURAL and give neerest town)  Papadena (Rural)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d STREET ADDRESS  o. IS RESIDENCE ON A FARM?				
c	Rte 11 , Box 120 3. Name of Deceased First Middle	Rte 11 Box 120 YES NO L				
-		Matthews   DEATH August 30 19 61   DATE OF BIRTH   19. AGE [In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
	# M WIDOWED DIVORCED	Oct. 3, 1877   last birthday)   Months   Days   Hours   Min.				
	toe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Minister  American Rescue	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  1 Taylors Island, Md. USA				
ı	Samuel Henry Matthews	Sally Ann Ruarke				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (lifyesgive war or dates of service) 220-36-5004 M					
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), end (c).	INTERVAL BETWEEN ONSET AND DEATH				
	MMEDIATE CAUSE (a) CALLE CALLET	any Muchous 27um.				
	Conditions, if any, which gava rise to immediate couse	in that disease your				
	(e), stelling the underlying DUE TO (andies the	confessation 2 runtles				
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \text{VS} \) NO PA				
- 1	OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter natura of injury in Part II or Part II of Item 18.)				
		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stete) large, street, office bldg , etc.)				
	21   certify that (1) (this hospital) attended the deceased from	death occurred a Light, from the causes and on the date stated above.				
	saw the deceased alive on	ATTENDING MED STAFF 72b. DATE				
	22c. PHYSICIAN'S	D PHYS. DIRECTOR PHYS. D				
	NAME (Type) K.M.M. Laughlen	3708 Mountaine Rel. Vindens feel 8				
238. BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, town or county) (State) REMOVAL (Specify) 9/2/61 Glen Haven Memorial Glen Burnie, Md						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE						
	nopping and kirkley, Glen Burn	ie, Ma DATE EP 5 '61   Calling & Kans				



FOR STATE HEALTH DEPT es aith, director, Page y is necessary, TO DEP MEDICAL EXAMINATE: This certificate should be executed within 24 hours after death. If any charaplease example the certificate, very fighter word "pending" in pencil in from 18. Give Pages 1, 2, are not to the transfer to the charaft Medical Examiner's Office along with form PM3. Falle 5 in the relational form TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board or its designated egent, prior to burial, cremation, or removel, and in any event within 72 hours, effer death. VS. ATSME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18753 12. USUAL RESIDENCE (Where decessed lived, If Institut on: Residence before edm OUNTY MARYLAND NARYLAND

1.	PLACE OF DEATH TILL thundet	USUAL RESIDENCE (Where deceased lived, If institut on, Residence before admission)
	s. COUNTY	e. STATE b. COUNTY
1_	MARYLAND MARYLAND	rio -
	b. CITY OR TOWN (if outside carporate I mits,  we the RURAL and give general town)	c, CITY OR JOWN (If outside corporete limits, write RURAL end give nearest town)
	amispotar'	Lessons-
١.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a va streat address)	d. STREET ADDRESS
6	DOA-ANNE ARUNDEL gen.	ON A FARM? YES \( \sum \ NO \( \sum \)
4 3	NAME OF Fost Middle	Date Month Dey Year
	(Type or print) John 20.	(1/10 sh DERTH 3/ 196/
5,	The state of the s	ATE OF BIRTH 9 AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS
	M WIDOWED DIVORCED TO	lest birthday   Months Days Hours   M.n.
104	De. USUAL OCCUPATION (Give kind of work 10b. K.ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CIT.ZEN OF WHAT COUNTRY?
1	done during most of working life, avan if rehred)	WVa.
13.	3. FATHER'S NAME 14	MOTHER'S MAIDEN NAME
	Harold W. McCullough	Umble
15.	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17. INF	
(Ya	ras, no, or unkown)   (Ifyesgivawarordelasofservice)	
	18. CAUSE OF DEATH [Enter only one cause par los for (a), (b), and (c).]	Ars. Ester McCullough Jessops, Md.
	PART I. DEATH WAS CAUSED BY:	SET AND DEATH
	IMMEDIATE CAUSE (a)	
	DUE TO	
	Conditions, if any, which (b)	
	(e), stating the undarlying DUE TO	
	cause lest. (c)	
Z	PART III, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
V∭Y		PERFORMED?
CERTIFICATION	206. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (Enter	neture of injury in Pert I or Part II of Itam 18.)
CERI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
13	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE	OF INJURY (Home, ferm, , 204. (City or town) (County) (State)
MEDICAL	Hour e.m. While Not While factory,	street, office bidg., etc.)
≥	21. I certify that I took har to of the remains described above, held	en Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Majural causes a Accident . Suicide	
	Con Tour	CHIEF MEDICAL EXAMINER
	SIGNATURE O SUMPAULT	M. D. ASSISTANT MED.CAL EXAMINER TO THE SIGNED
	EXAMINER'S E	DEPUTY MEDICAL EXAMINER
	NAME (Type) C. LIUMBROF.	Address (Street, city, lown, or county)
220	2e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR	EMATORY 22d, LOCATION (City, lown, or country) (State)
	BURIAL 9-3-61 Steel Ceme	tery friendsville mod.
23	3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
10	Jobert Kryle Pretty to. Bitmeller,	Mel DATE SEP 7 161 Called & Koug
1		CAMBUIT A, MARIE



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be get by the hospital of attending physician.

TO FUNERAL SIRECTOR: After this is facte has been signed by the attending physician and compired in the Juneral director.

ottending physician. I ficate has been signed by the attending physician and compi-t's the burial-transit permit. Then please remove carban papers

und be detached far u

page 3 sha

1.1. - 1. 1XXX

VR A15 (4) ISM 9/59

he funeral director, thould be fired with

118754

Chilling S. Kraus

			. , , ,			
D. COUNTY Anne	Arundel	MARYLAND	II A STATE	Where deceased lived If in Prin	istitution: Residence UNITY ICE George	
	If outside corporate limits, v	vrite c LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, w	reile RURAL and gir	ve nearest town)
Ft G	eo G. Meade	24 hrs	Hyattsvi	lle	183.7	The series
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitot, give:	street oddress)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	ROUGH ARMY HO	SPITAL	5302 Ham	ilton St		YES NO
3 NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	-	-	MCGANN	OF DEATH	AUGUST	24 19 6.
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In	1 1	YEAR IF JNDER 24 HRS
Male	Cau wi	DOWED TO DIVORCED	23 Aug 61	last birth	day) Months D	Dogs Hours Min
100. USUAL OCCUPATI	ON (Give kind of work done	10b. KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (Stot	te or foreign country)	12 CITIZI	EN OF WHAT COUNTRY
during most of wor	rking life, even if relired)	_	Maryl	and		USA
13. FATHER'S NAME		1	14. MOTHER'S MAIDEN			0021
Joseph M	cGann		Nancy R	aines		
*	ER IN U. S. ARMED FORCES	? 16 SOCIAL SECURITY NO. 117.	INFORMANT		Address	
(Yes, no, or unknown)	(If yes, give wor or dates of service		Mother, 5302	Hamilton St	Hvattsvi.	lle. Md.
In CAUSE OF DE	AVU Teste estimate estimate	per line for (o), (b), and (c) }				INTERVAL BETWEEN
	ATH WAS CAUSED BY		a best			ONSET AND DEATH
7/	IMMEDIATE CAUSE (o)	Prematurit	<u>y</u>			
16	DUE TO	Abruptio p	Jacente			24 hour
Conditions, if		wor abaro b				704 110 UL
couse (a), stating	the under-					
lying couse lost				,		
PART II. OI	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDITIO	N GIVEN IN PART	PERFORMED?
V)						YES NO 2
□ OR CONTRIBUTING	AS UNDERLYING [] 206 G [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	n Port I or Port II of clem 1	B.)	
20c. TIME OF INJU			PLACE OF INJURY (Home, for foctory, street, office bldg, e		(Ce	ounty) (State
Hourom. ≱ pm	19	White Not white of work	rociory, sireer, office blog , e			
21 I certify th	at (I) (sidesissessississ	ttended the deceased from	23 Aug 1	0 67 to 2/ Aug	19 6	1 that (I) (may lac
some the triange	ised alive an 24 A	us 10 61 and that	death accurred 20:			
220 SIGNATURE	ised different - 1	A dno mai	deall accorded (#9.6	EARLY ALONG THE COOSE	s and an Ine	22b DATE
Stern	VI Point	on Catul	M. D. PHYS X	MED STAFF DIRECTOR PHYS	1 2.	4 Aug 61 SIGNE
22c. PHYSICIAN'S	1 0000	un curyy in	22d. ADDRESS	DIRECTOR LI PHIS L	J	4 Aug O.L
NATUAR	r M. BERNSTEI	N, Capt., M.C.	Kimbroug	h AH Ft Geo	G. Meade	, Md
230 BURIAL CREMATI	ON 1995 DARE THEREOF	230 NAME OF CEMETERY	OR CREMATORY	The Local Physical	laws on acceptable	
REMOVAL (Specif)		1 Dut The	with	23d LOCATION (GIV)	own, or county)	CH TACK
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	250 RE	CD BY REGISTRAR 25b.	REGISTRAR'S SIGN	NATURE
(au 1)	16 strul	1 2 OCT/25/1	TIL DATE	12016/	gen.	
	, .				1 1 71	. 5 10



AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE **b.** COUNTY b. CITY OR TOWN (it outside corporate I mits, write RURAL and give neerest lown) MARYLAND mary land anne Akundal TOWN (If outside corporate limits, write RURAL and give neerest lown) C. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street Eddress) a. IS RESIDENCE ON A FARM? YES NO 3/1, millersville Jumper Hale Rd. Box 311, millersville DECEASED DEATH 1961 (Type or print) 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. MARRIED NEVER MARRIED lest birthdey] Months , WIDOWED S DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? physician dona during most of working life, even if retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending pl WAS DECLASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMAN Then (Yas, no, or unkown) | (If yes give wer or detes of service) the 18. CAUSE OF DEATH [Enter only one couse per time for (e), (b) and (c).] IMMEDIATE CAUSE (a) otic Heart D gava rise to immediate cause DUE TO (a), stating the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY PERFORMED? YES NO IN 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stelle) factory, streat, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from Mov. 3...... 1966, and that death occurred at 3 P.M. from the causes and on the date stated above. saw the deceased alive on. Class SIGNED 22e SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

DATELUG 9

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY e. STATE **b.** COUNTY Anne Arundel Anne Anundel 12 t MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by write RURAL and give nearest town) Annapolis Annapolis within qes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile), give street address) d. STREET ADDRESS hours Anne Arundel General Hospital Larkin St 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Margaret MERRITT August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months WIDOWED X a Ca DIVORCED Female Negro 10a. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of workingslife, even if relired CUME South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I INFORMANT (Yes, no, or unkown), (If yes give war or dates of service permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+), 19. WAS AUTOPSY certificate 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF NJURY (Home, farm, 1 201, (City or lown) Month, Cev. Year factory, street, office bldg., etc.) While Not While Hour a.m. at work al work DIRECTOR: 19 21. I certify that (I) (this phospital) attended the deceased from. to.... 13......19..61., and that death occured at.......M, from the causes and on the date stated above saw the deceased alive on.....Aug. 9:40 P.M. 22m SIGNATURE ATTENDING. MED. STAFF DIRECTOR PHYS. PHYS, 22d ADDRESS 22c. PHYSIC AN'S NAME (Type) Allen 62 Cathedral St., Annapolis, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify)

e. IS RESIDENCE ON A FARM?

YES NO X

Year

19

Hours

Days

U.S.

(County)

25% REGISTRAR'S SIGNATURE

25e. REC'D BY REGISTRAR

DATE AUG 1 5 '6'

IF UNDER 24 HRS.

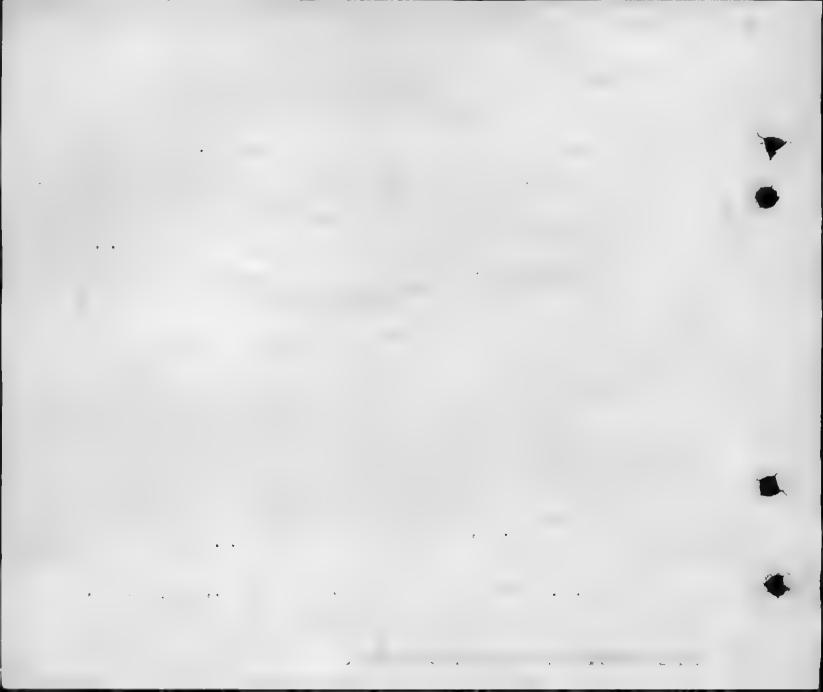
PERFORMEO?

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19....., that (I) (ypp) last

0 VR A15 (4) 15M 9/60

FUNERAL DIRECTOR'S SIGNATURE



1.	CXX		MARYLAND STATE DI	EPARTMENT OF HEALTH 5. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	14		STE2 CERTIFICAT		•
s after funera should			LACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmiss	
ors sh	MA		Anne Arundel MARYLAND	*. STATE Mary land b. COUNTY Anne Arundel	
hou the	IAT	(-	CITY OR TOWN (if outside corporate limits.	gc. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
24 1 a la			write RURAL end give neerest town) Annapolis 5 days	RURAL - Annapolis	
thin led ages	136 7	-	NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	STREET ADDRESS  o. IS RESIDE! ON A FAI	
W.		4.77 4.1	nne Arundel General Hospital	Cottage 126A, Sherwood Dorest YES No	
uted letes pers		3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year	
mp mp mp			Type or print)  Lee  V.	MOORE DEATH August 15 19 61	
		١.,	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H last birthdey) Months Days Hours Mi	
n ar			ale   White   WIDOWED   DIVORCED	July 8, 1878 83 yrs.	ITOLĀ
iffica iciali		do	USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	TRY, TI. 818THPLACE (County & State, or toroign country) 12. CITIZEN OF WHAT COUN	HKYE
h cert g phys ille ren in any	$\sim$	13	Treasury Department U. S. Government	North Carolina U.S.	
deal	(I)		William Henry Moore	Josephine Lawing	
the atter			WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. , no, or unkown)   (Ifyesgivewarordetesofservice)	INFORMANT Address Wash	l <sub>e</sub>
hat the			To a serious and	Pattie T. Moore 1410 Allison St, N. W. D.	C.
es fl cian by l rmil			18. CRUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEAT	
quir nysi ned n			IMMEDIATE CAUSE (0)	Imbalian . 5 d	-
Sign sign ansi			DUE TO DISTERSIA	Myo carelis	
ndin een ial-tr			geve rise to Immediate cause I	//	
The attended by the burning of the b			(e), stelling the underlying DUE TO couse lest,	infaction twh.	
N o e the		Z		TOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
CCI.	^	CATION		PERFORMET YES NO	
YSI hos cert cert rus	7 1	CERTIFIC	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMBLE)	D. (Enter neture of injury in Pert I or Pert II of .tem 18.)	
FH 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		Ι.	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
Te de la Constantina del Constantina de la Const		MEDICAL		ACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stele	9)
der der		WED	p.m. 19 et work et works		
TE de				Aug. 10,, 1961, to Aug. 14, , 1961, that (1) (36)	
A SECTOR				at death occured at	
Ser	- 1		226. SIGNATURE	ATTENDING MED. STAFF 22b, DA	ATE GNED
14 1 8 E			22c, PHYSICIAN'S	M.D. PHYS. X DIRECTOR PHYS. 3/15/61	,
Wight	- /		NAME (Type) Frank M. Shipley	121 Cathedral St., Annapolis, Md.	
filed		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Control of the first of the fir			REMOVAL (Specify) Burial August 18,1961 Rock Creek		
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
15M 9/60			Circur Walters 254 Carrell Del	WW DC DATE AGE 21 '61 arthur & thomas	
		7	7		



VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8764 CERTIFICATE OF DEATH

1117		
	PLACE OF DEATH  COUNTY ANNE Arundel  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)  a. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outs'de corporata limits, write RURAL and give neerest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not 'n hosp'le., give streel address	Linthicum d. STREET ADDRESS
儿	525 Forest-View Road	525 Forest-View Road
	3. NAME OF First Middle DECEASED (Type or print) Thomas Aloysius	Moran Death August 24th 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (IN YEAR ) IF UNDER 1 YEAR , IF UNDER 24 HRS.
1	Male   White   WIDOWED TO DIVORCED	Sept. 19th 1878 82 birthday) Months Days Hours   Min.
	done during most of working life, even if refired)	Y 11 BIRTHPLACE (County & State, or toreign country)  Co. Piedmont W. Va.  12. CIT.ZEN OF WHAT COUNTRY?  U.S, A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Moren	Mary Lennan
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17. 11 (Yes, no, or unknown) (If yes give were or detes of service) 2/6-07-2295	Mr. Joseph T. Moran Same as #2
	18. CAUSE OF DEATH [Enter only one cause per the for (e), (b), end (c).] PART 1, DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONET AND DEATH
	IMMEDIATE CAUSE (0)	of January & mon
	Conditions, if any, which ) (b) allthe substitute	ie Hopellusine Cordio-
	gove rise to immediate couse (a), steting the underlying	Missell
	ceuse lest. (c)	anen
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	200, ACCIDENT WAS UNDERLYING . 1 20b DESCRIBE HOW INJURY OCCURED.	YES NO
	200. ACCIDENT WAS UNDERLYING ] 206 DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING ] CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Hour a.m. While Not While factor	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	JUNE 1957 to AUGUST , 196, that (1) (we) last
		death occured at
	220 SIGNATURAL TO INCOME MAINTENANT MILITA	ATTENDING AND, STAFF 22b, DATE
	MYVINCEP CHILLE VIII N M.	SHOW THE CONTRACT OF STREET
1	PHYSICIAN'S NAME (Type) C. R. MacDonald, M. D.	P. O. BOX 518, Glen Burnie, Md.
1	230. BUR.AL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY C	
	DEMOVAL (Specify)	's Cemetery Westernport Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
. 1	R.V. Syglelen Glen Burnie, M	Id. DATE AUG 2 8 '61 archur S. France
	ing coo way	



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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MARYL

Middle

TM	ent of Health	-BAL	TIMORE, 1	8		
10.0	TE OF DEATH				- ()	8759
	TIE OF DEATH			Reg. Dis		
	2 USUAL RESIDENCE (Who o. STATE	ere decease	d lived. If institute	on: Resident	e before	admissign)
ND	Marylan	N.C.	b COUNTY	Halif.	ах	V
ПЪ	c. CITY OR TOWN (If or	utside corpo	prole limits, write RI	URAL and g	ive neare	st town)
	Littleto	on		77. 2	r. 3	
	d. STREET ADDRESS				e	IS RESIDENCE ON A FARM?
	Rt 1				- }	YES NO
	Last	4. DATE	Mon	th	Doy	Year
ORA	IS	OF DEATH	August	24		1961
	B. DATE OF BIRTH		9. AGE (In years		TYEAR IF	UNDER 24 HRS
	Nov 24, 1889	)	last birthday) 71 yrs.	Months	Days !	Hours Min.
INDUS	TRY 11. BIRTHPLACE (Stote of			12. CIT	ZEN OF	WHAT COUNTR
	Littletor	. N.C		M.	SA	
	14. MOTHER'S MAIDEN N			W1	74	
	Missouri	Hommo	nd a			
17. IN	FORMANT	119MIIIC	Addr	ess		
Mn	a Franci T	Gadma	n Donaha	h	~	// ๆ
	s. Ernest T.					ALGETWEEN
V	4 TUVO	up	05/5		ONSET	DEATH
10 4	ive Cu	va,	00a9	cella	100	liseas
7/	700 00	( /	,	/24	11	
d DUIT I	NOT RELATED TO THE TERMIN	IAL DICEAC	r compliant on	FA 1 1 1 1 5 4 5 3	1/1/10	WAS ALSTONEY
- 001	NOT RECALLS TO THE TERMIN	AME DISENS	E CONDITION GIV	EN IN PARI		PERFORMED?
112050	15-1		. H . S . L		\ <u>`</u>	ES NO Z
URREU	L (Enter nature of injury in P	arr 1 ar rar	FII OF HEM ID.J			
e. PLA foci	CE OF INJURY FHame, form, lary, street, office bldg , etc.)	20f. (Cit)	or town)	(C	ounly]	(Slate)
	10					
	19 to				ost sow	the deceos

and that death occurred of the M, from the couses and on the date stated above

DATE SIGNED

Odenton, Maryland

August 24, 196

22c. NAME OF CEMETERY OR CREMATORY Greenwood Cemeterv

22d LOCATION (City, town, or county)

(State)

**ADDRESS** meral Home, Glen Burnie.

24a. REC'D BY REGISTRAR

Edgecomle County, N.C. 246 REGISTRAR'S SIGNATURE

15M 10/57



	CERTIFICATE OF DEATH										
	PLACE OF DEATH  o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	an Residence before odmission) altimore						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  That Congress town  18 days  Catonsville										
	d. NAME OF HOSPITAL (If not in hospital, give street of	18 days	d. STREET ADDRESS	rte	e. IS RESIDENCE						
	Kirchongh army Chr.	1.	1002 Roll	ling Road	ON A FARM? YES NO A						
	3 NAME OF OF Urst (Type or print) RUTH	Middle C.	MORRISON	4. DATE Mon OF DEATH Augu							
	5. SEX Female 6. COLOR OR RACE 7 MARRI WIDOWE		B. DATE OF BIRTH	9. AGE (In years last birthday) 63 yrs.	Months Days Hours Min						
	10o. LSUAL OCCUPATION (Give kind of work dane 10b. I during most of working life, even if retired) HOUSEWIIE	CIND OF BUSINESS OR INDUS	Pa Pa	or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
1	13. FATHER'S NAME Andrew Schano		14. MOTHER'S MAIDEN N								
	(Yes, no or unknown) , (If yes give war or dates of service)		n, Col John To	orrison, Dept							
	IB. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c) ]	Washing	gton D.C.	INTERVAL BETWEEN						
	Conditions, if any, which gove rise to immediate couse (a), stating the under lying cause lost.  Conditions, if any, which (b)  DUE TO  DUE TO  (c)		epatomegal								
	PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART I(b) 19. WAS AUTOPSY PERFORMED? YES A NO						
,		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort   or Port    of item 18.)	•						
	Haur o. m. 19 While at wark	Not while at work	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.	, 20f. (City or tawn)	(County) (State)						
	21. I certify that (I) (IBBCKORGO ODDOG sacroneoused above con xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	the deceased from Ces	15 Aug 19 15 Aug 19 15 Aug 19	61, 1800000000000000000000000000000000000	22h DATE						
	22c PHYSICIAN'S	nt-mic.	M.D ATTENDING ME DIE	RECTOR PHYS	15 Aug 61						
	NAME JULES I KAPLAN, Cap				eo G. Meade, Md.						
1	236 BURIAL, CREMATION 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	or county) (Stote)						
<	Birisl 0-17-61	Moodlawn ADDRESS	25g, REC'I	Woodlawn By REGISTRAR 286 REGIS	STRAR'S SIGNATURE						
	H.W. Jenkins & Sons Co		Rd . DATE		Thur S. Kraus						

Baltimore 12, Md;

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Page 4 may be reflect by the hospital of attending physician.

TO FUNERA. IRECTOR: After the fifticate has been signed by the attending physician and cample filled or interpretable for our state the burial-transit permit. Then please remove carbon papers ges 1 and 2 shalled be filled with the State Board of Teath prior to burial, cremation, or removal, and in any event, within 72 Tau after death moy be r

VR A15 (4) 15M 9/59



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MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE,	18
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	-

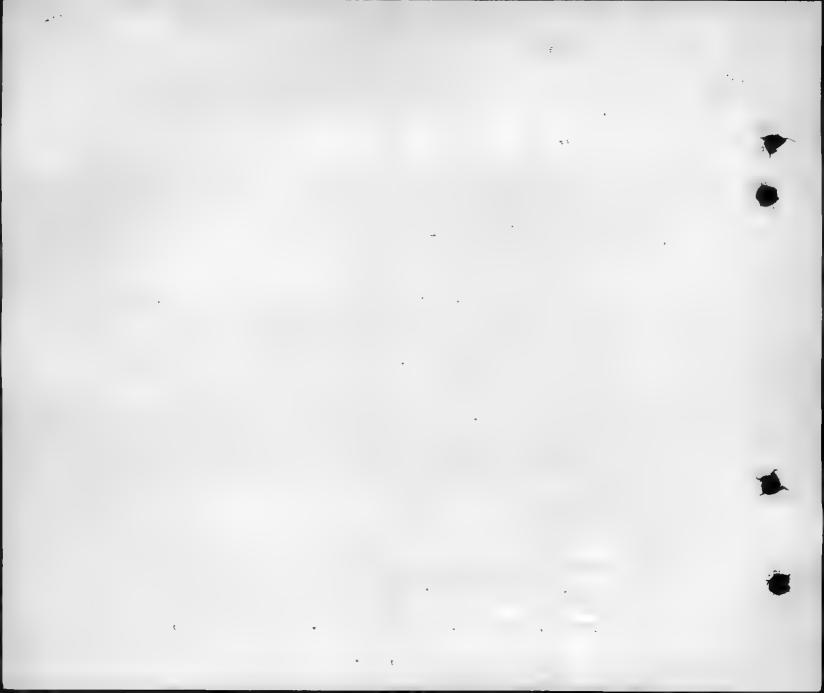
			73	50	7	15	75
Rea.	Dist.	No.	1	$\cup$	-4	V	4

1.	PLACE OF DEATH C. COUNTY AA MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  a. STATE  Md  b. COUNTYAA							
F	b. CITY OR TOWN (IF a one give record town)  t. Meade	utside corporate lemits, write	RURAL	c. LENGTH OF STAY IN	V 1b	c, CITY	OR TOWN		corpor	role limits, wri	e RURAL o	nd give n	egrest town]
-1		LORINSTITUTION ( Hospita		ital, give street address)		1 /	ET ADDRESS		orr	rectio	n		ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print)	Garmo		Middle James		0 I Q:		4. DA		Moi A	ug.	30 Doy	Yeor 19 61.
5.	SEX M	6. COLOR OR RACE	7. MARRIEI WIDOWED	DENEVER MARRIED DIVORCED	-	Feb.	16,	1921	- 1	AGE (In years few birthday)	Months	Days Days	Hours Min.
10	during most of working	(Give kind of work life, even if retired)	done 10b. KI	ND OF BUSINESS OR IN		1	andli				12. C	US!	WHAT COUNTRY?
13	FATHER'S NAME Jan	ne <b>s Adl</b> en	. ଠାଣ୍ଟ	ıinn			rs MAIDEN		C.	Duty			
	Yes A	TIN U. S. ARMED FO	language	OCIAL SECURITY NO. 3-24-9918			lingl	er,	802	Addre DIM 05		n, E	Balto.
	PART I. DEATH	ote cause (	Hen of	norrhage d						ractu of rt.		12	VALBETWEEN I AND GEATH S NTS
CERTIFICATION	PART II. OTHE 20g. EXTERNAL CAUS PRIMARY ED Gr CONI CAUSE OF DEATH.	E WAS 20		HOW INJURY OCCURR TO DITE ACC							IVEN IN PA		P. WAS AUTOPSY PERFORMED? PES NO S
MEDICAL	20c. TIME OF INJURY 3:05 g. m.	Month, Day, Yea	White of work	NOU white a lambda described	R. te	7. 1795	fice bldg., e	rtc.)	Je	r town) essups	AA	-	(State)  Md., and find that
	ACTUAL SIGNATURE	Gustan	e 18	Accident .  Audusta  ubert, Ma	216	.M.D. CHII	F MEDICAL STANT MEDI	EXAMINE	R 📑	letermined  Glen	8	<b>-</b> 3/ 30	DATE SIGNED  / 61
220	BURIAL, CREMATION REMOVAL (Specify) BUITET		F 2	Quinn F	YOR	REMATOR	,	22d. L	OCATIO	nson (	, or county	)	(Stote)
_	FUNERAL DIRECTOR'S		Wise	ADDRESS Ave. 22,	Ma	ryla		C'D BY RE			SISTRAR'S !		RE

VS. A15ME(5) 5M 9/55



	2768	CERTIFICA	TE OF DE	ATH			118768	
1,	PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDE 0. STAJE Mary]	NCE (Where de Land	ceased lived If instituted b. COUNTY Anne		_	
	b. CITY OR TOWN (If outside corporate limits, wi	rite   c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside	corporate limits, write Rl	URAL and give	nearest town)	
	RURAL and give nearest town) Ft Geo G. Meade	42 days	Gler	Burnie	9			
	d. NAME OF HOSPITAL (If not in hospital, give st		d. STREET ADI	DRESS			e. IS RESIDENCE	
	Kimbrough Army Hospi	tal	1 1006	o Louise	e Ave		ON A FARM? YES NO 24	
	NAME OF First DECEASED (Type or print) All pha	Middle	lost	4. D.			Day Yeor 1 19 6	
5		MARRIED NEVER MARRIED	Page 8. DATE OF BIRTH		9. AGE (In years		EAR IF UNDER 24 HRS	
	77-11-7-0 (701)	DOWED DIVORCED	12 May ]	1871	lost birthday) 90 yrs	Months Do	ys Hours Min	
100	. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife (Retired)	106 KIND OF BUSINESS OR INDU		DE (Stote or fore	eign country)	12, CITIZEN	USA	
13.	FATHER'S NAME	met	14. MOTHER'S M	LAIDEN NAME				
	First name unknown	Wigand		Unknow	n			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT		Addr	1055		
	-	419 18 4411 A	rnold Page	e (son)	Montgomery	, Ala		
	/ / / / / / / / / / / / / / / / / / / /	per line for (o), (b), and (c).) Cardiac and resp	iratory a	rrest			INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony which) (b) Wide spread metastasis							
	gove rise to immediate couse (a), stating the under-lying couse lost.	Adenocarcinoma	of Hepat	ic Duc	t		-	
CATION	PART II. OTHER SIGNIFICANT CONDITIO					'EN IN PART 1(	o) 19 WAS AUTOPSY PERFORMED? YES IN NO	
CERT FI	20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of i	injury in Port I	or Port II of item 1B.}			
MEDICAL	Hour o m. V	Od. INJURY OCCURRED 20e Pl Vhile Not white It work of work	LACE OF INJURY (Ho actory, street, office b	ome, form, 20f oldg., etc.)	. (City or town)	(Cou	nty) (State	
	21 I certify that (I) (CONSCIONATION) at saw the deceased alive an 1 AU				ta 1 Aug		that (1) (3020) last late stated above	
	220 5 GNATURE RES	entrera		MED DIRECTO	STAFF PHYS.	1 Aug	61 226 DATE SIGNED	
	22c PHYSICIAN'S NAME (TYPERMAN I. ROSENE	BERG, Capt., M.C.	22d ADDRES	s 				
23	BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d	LOCATION (City, town, o	or county)	(Stote)	
	Burial 59 Aug. 19	61 St. Margare	t's Cem.	Mo	ntgomery,	Alab	ama	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		25a. REC'D BY I	REGISTRAR 256, REGIS	STRAR'S SIGNA	ATURE	
1	- J-Dingluo	Glen Burnie,	Md.	DATE AUG 2	'61 cm	Shur & de		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08763

e. IS RESIDENCE

Haurs

Day

ON A FARM?

YES NO

PERFORMED?

YES PO NO [

30 Aug 61

(State)

(State)

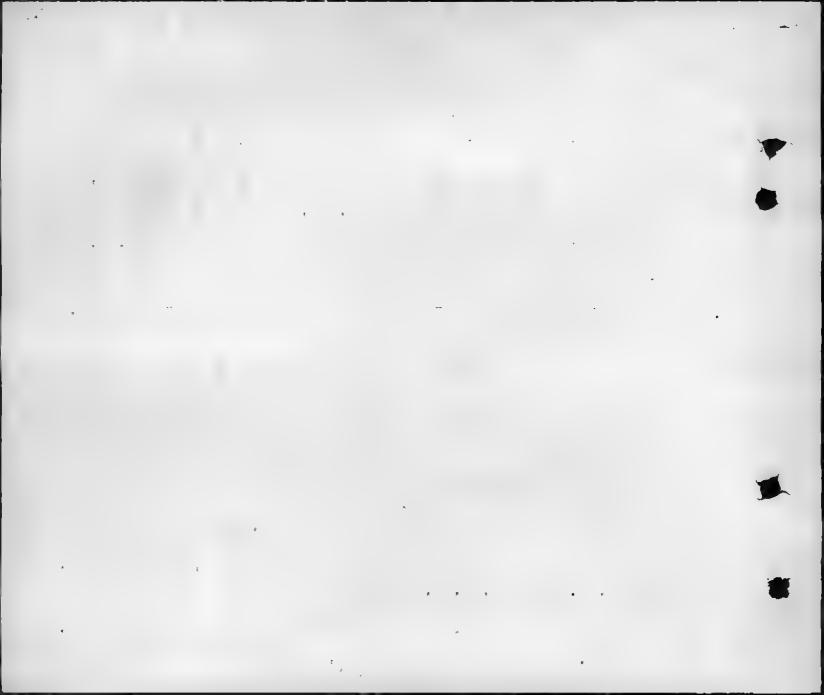
Year

1961

death. executed



death. Page



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

71 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

118765

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY o. STATE California Anne Arundel MARYLAND Angeles b. CITY OR TOWN IIf outside corporate fimile, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Pasadena d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 943 N. Hudson Anne Arundel General Hospital YES NO 7 NAME OF First Middle DATE Month Year DECEASED (Type or print) TOHN REAM DEATH AUGUST 1961 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. iast birthdayt Months Hours WIDOWED IT DIVORCED [7] 70 yes. Male White July 30. 1891 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Ret. Bus driver City Ind. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no, or unknown! Wilma V. Ream- Wife- same as 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate cause **DUE TO** (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH. 20b. DESGRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAGE OF JUURY (Home, form, 20f. (City or town) (Capifly) (State While Not while of work at work 21. I certify that took charge of the remains described above, held on Autapsy ... Inspection A, Inquiry A, and find that Suicide . death resulted from: / Natural dauses Accident  $\Omega$ , Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S Elmer G. Linhardt DEPUTY MEDICAL EXAMINER [X] NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) To Pasadena, California Removal August 12.61 ADDRESS 28. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SEGNATURE DATE AUG 1 4 arthur S. Frank Hopping Funeral Home Annapolis, Md.

VS. A15ME(5) 5M 9/55

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DIVISION OF TATOTICAL RESEARCH AND RECORDS. . PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Res'dence before edm.ss.on) a. COUNTY Maryland Baltimore City Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporete | mits, write RURAL and give neerest town) e LENGTH OF STAY IN 16 write RURAL end give negrest town) 4 years Baltimore Crownsville mos. 16 days o. IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? YES NO I Dallas Crownsville State Hospital M ddle DECEASED 19 61 (Type or print) DEATH C. Robert Read 16. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH TOPR last by the (ey) Months | Devs Hours WIDOWED TO DIVORCED Male Negro physician 10a. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D. C. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \_= Unknowa Unknown affendir ጔ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Hospital Records 215-09-3287 the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Sudden Cardiac Arrest IMMEDIATE CAUSE (e) DUE TO Hypostatic Pneumonia days gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome Associated with Generalized Arteriosclerosis NO X 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMNER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) (County) (Stele) Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While et work | et work saw the deceased alive on., 22b, DATE -22e. SIGNATURE SIGNED 8/2/61 DIRECTOR THYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Benedict. 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) RURIAL, CREMATION, 1 23b 10 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Arolingate 4 C. CHANT &. THERE 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

" we to be the section of the section of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, I institution; Residence before edmission) a. COUNTY your files. a. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside comporate Limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 director. write RURAL and give nearest lown] Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar ö d. STREET ADDRESS State 12 Cheston Avenue 12 Cheston Avenue 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH RRIGH FT ORENCE August 2 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 2, a age 5 m. 1 and 2 w last birthday) Months Female White I WIDOWED IX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page s 1 and in 72 H 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages I rm PM3. Pag File pages 1 H ousewife U-S-A. H ome Virginia 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Sarah V. Walter Franci**s** Angelo form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address with for (Yes, no, or unkown), (If yes give war or dates of service) in Item 1 Walter Reich- 210 Rhode Island Ave. Wash.D.C. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), Office along burial-fransit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardias Tamponade DUE TO Conditions, if any, which Rupture of Aortic Aneurysm. gave rise to Immediate cause fÜ. **DUE TO** Examiner's SB (a), steting the underlying 능 pesn cause last, TION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY 2 TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Cnief the Tage 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm. 20f. (City or Jown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work Panti al O.R. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry ilease execute the certific I should be forwarded to FUNERAL DIRECTO Natural causes Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER EXAMINER'S Charles S. Potty, M.D. Addr 22b. Date THEREOF , 22c. Name OF CEMÉTERY OR CREMATORY NAME (Type) Address (Street, city, town, or county) 걸 22s. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) <u>0</u>40 g B urial Arlington National Arlington 248. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME AUG 2 4 '61 arthur S. Krans 5M 9/60

. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES IC NO 4

(State)

and in my opinion

DATE SIGNED

8/22/61

Days



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8774 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before ediposion) a COUNTY b. COUNTY e. STATE Anne Arundel MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporete I mils, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve neerest town) and write RURAL and give neerest town) Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1129 Argyle Amenue YES NO TO Crownsville State Hospital 3. NAME OF DATE M ddle DECEASED OF (Type or print) DEATH D\_lla 19 61 Revel 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days NO O Female Negro WIDOWED T DIVORCED F 1881 10a. USJAL OCCUPATION (Give kind of work 0 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ŏ done during most of working life, even if retirad) Housework II-S.A. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding p Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give werordates of service) Hospital Records Unknown IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiao Arrest DUE TO Conditions, lif eny, Malignanoy of Thyroid (6) gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(6) | 19. WAS AUTOPSY Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis PERFORMED? NO 🎩 206. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) ቯ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, farm, ! 20f, (City or town) (County) factory, street, office bldg., etc.) While \_\_Not While Hour a.m. at work at work \_\_\_\_ 10 21. | certify that (I) (this hospital), altended the deceased from....... to and that death occured at 1:45 from the causes and on the date stated above. saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING 61 **P** ( PHYS. DIRECTOR PHYS. M.D director, page be filed with it 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Benedict. 23d. LOCATION (City, town or county) (Stete) BURIAL, CREMATION, 1 23b. EMOVAL (Specify) OH wm ora 256. REGISTRAR'S SIGNATURE FÜNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 arthur S. Kross

physician

been

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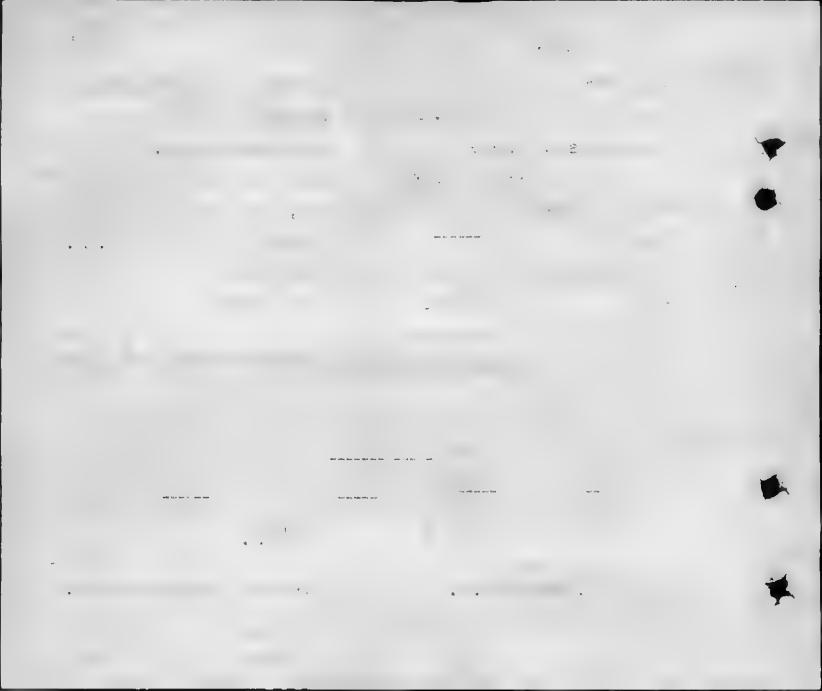


MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Rasidence before admission) a. COUNTY b. COUNTY in by the f s 1 and 2 s ter death. Anne Arundel MARYLAND Baltimore City b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) 1 mo. 15 days Crownsville Bal timore rages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 📆 Crownsville State Hospitan 1544 Pennsylvania NAME OF Middle 4. DATE Year DECEASED OF 19 61 (Type or print) DEATH Earl Lerov Savage 5. SEX 16. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. . 7. MARRIED T NEVER MARRIED last birthday) | Months Deys Hours Male WIDOWED [ D VORCED [ October 20, 1901 y 3 1Ds. USUAL OCCUPATION (GIVE kind of work physician 1Db. KIND OF SUSINESS OR INDUSTRY 11 BIRTHPLACE, County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? геттох done during most of working life, even if ratired) U.S.A. Cook Flori da 13. FATHER'S NAME attending pl 14 MOTHER'S MA DEN NAME Joseph Savage Alberta ? and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Then removal. (Yes, no, or unkown) (Ifyesgive werar detesofservica) Hospital Records Unknown the 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (e Since Chronic Brain Syndrome Associated with Generalized Conditions, if any which Carebral Arteriosclerosis peen geva rise to immediate cause DUE TO (a), stating the undarlying cause last PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY icate CERTIFICATION PERFORMED? certific NO use 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INITIRY OCCURED (Enter netura of in ury in Pert I or Pert I of item 18.) is of (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL Month, Dey, Y ar 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Weiler-mot While tectory, street, office bldg., etc.) Hour a.m. at work at work p.m. DIRECTOR: ...8/.22 . ..., 19.61, that (I) (we) last 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED 8/22/61 X PHYS. DIRECTOR PHYS. M.D. AL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Benedict. Crownsville State Hospital. Md. ector, filed 23d. LOCATION (City, lown or county) (Stele) 23a. SURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 80 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

certificate be

that the death

hospital



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved. It institut on: Residence before edmiss on) e. COUNTY b. COUNTY of Columbia District b. CITY OR TOWN (if outside corporete limits, write RURAL and give necess town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 15 Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 7047 Wyndale St YES NO 3. NAME OF DECEASED (Type or print) DEATH OR BACE 7, MARRIED X NEVER MARRIED Months Months DIVORCED June 10. WIDOWED | 10b. KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPI 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even il retifed) Sales Manager-Retired Machine Shop Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Frank John Seiler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Wife) Address (Yes, no, or unkown) (Ilyesq vewerordetesofservice) Same as Item #2 577-10-7862 Margaret F. Seiler 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) ] INTERVAL BETWEEN of heart, eso phagus PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO and rectum Conditions, if any, which geve rise to immed ete ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(+) 1 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of fem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) Month, Day, Yeer lectory, street, office bldg., etc.) While Not While at work 21. I certify that (I) (this hospital) attended the deceased from... .64., and that death occurred at 11.74M, from the causes and on the date stated above. saw the deceased alive on., 22b. DATE ATTENDING DIRECTOR PHYS 22d ADDRES 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) 236. BUR AL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Prince George Co., Md. Cedar Hill Cemetery Burla

Bethesda, Md.

DATE

25e. RINTERN REGISTRAR | 25b. PERISTRAR'S SIGNATURE

현 please attending 0

24 FUNERAL DIRECTOR'S SIGNATURE

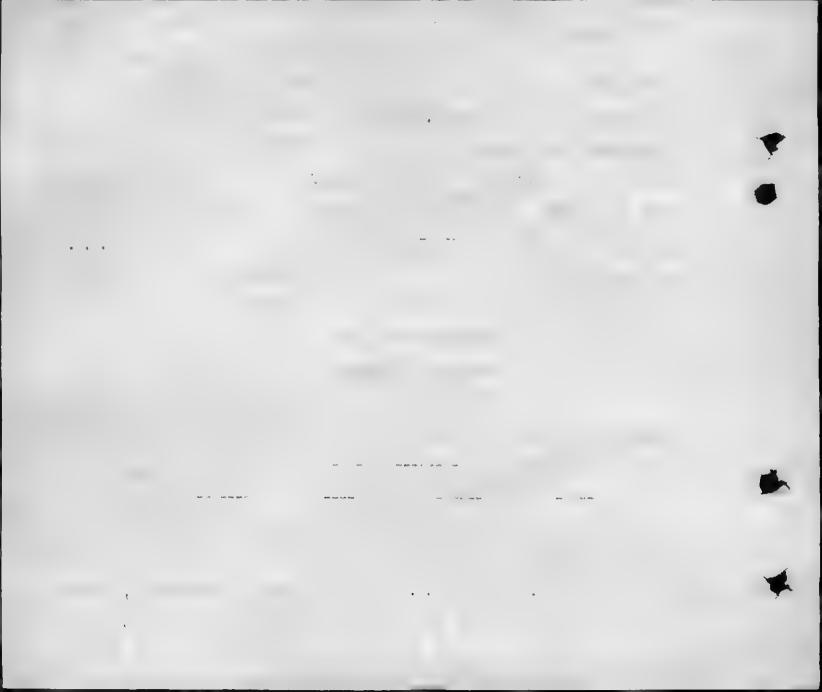
ROBERT A. PUMPHREY

VR A15 (4) 15M 9/60



STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY b. COUNTY Anne Arundel Anne Amundel MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ⋛ write RURAL and give nearest lown) Ξ Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 16 Maryland YES NO X 3. NAME OF 4. DATE Yeer Middle DECEASED OF DEATH (Type or print) SMITH 1961 Norman August 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED Male White DIVORCED Nov. 1 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) done during most of wheking life, even if retired) U.S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yes, no, or unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per I no for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH þλ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO X use 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert ) or Part || of Item 18.) 2Da, ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING ( ) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. et work at work DIRECTOR: p.m. saw the deceased alive on Aug. DATE 22Ь. 226. SLONATURE ATTENDING MED. STAFF SIGNED X DIRECTOR PHYS. PHYS. 8/15/6. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St. Annapolis Md. Frank M. Shiple; O FUN director, 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, | 23b. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/III0





VR A15 (4) 15M 9/60

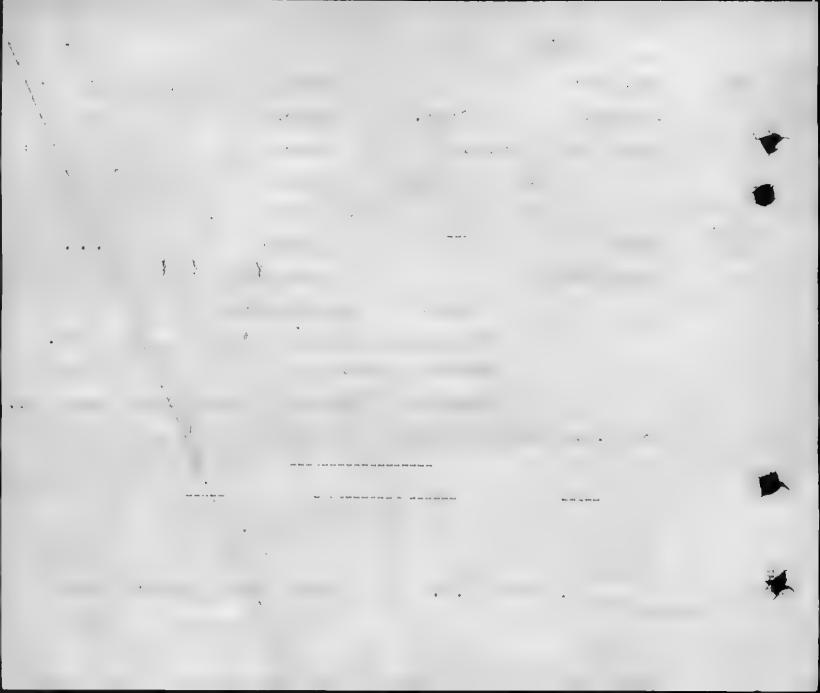
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND S779 CERTIFICATE OF DEATH (1877)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm ssign)
•. COUNTY  Anne Arundel MARYLAND	•. STATE Maryland b. COUNTY Anne Arundol
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give stree eddress)	Annapolis  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	610 Sixth St. YES NO [X]
3. NAME OF ALSO (Lee Hampton Spencen) Middle	Last 4. DATE Month Dey Yeer OF
(Type or print) Hampton Los	SPENCER PEATH Agust 29 19 61
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.  [ast birthdey] Months   Deys   Hours   Min.
Male White WIDOWED DIVORCED	April 6, 1915 46 yrs.
done during most of working life, even if retired)	Y II. BIRTHPLACE (County & State, or lore.gn country) 12, CITIZEN OF WHAT COUNTRY
Carpenter Bldg. Construction	n Pilaski, Virginia USA
Lee H. Spencer	Josie B.Owen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. I (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	NFORMANT Address
no 214 05 0865 Mr	s Lucile F. Spencer- Wife- same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET_AND/DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	herrowi 48 hours.
DUE TO A	entiles.
(6)	white.
geve rise to immediate cause (e), stating the underlying  DUE TO	5 / A
couso lost. (c)	alastotem.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER).	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS ALTOPSY  PERFORMED?  YES \( \text{NO.} NO. \( \text{Y} \)
200. ACCIDENT WAS UNDERLYING J 206. DESCRIBE HOW INJURY OCCURED	, (Enter nature of injury in Part I or Part II of Ilam 18.)
	CE OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stete) ory, street, office bldg., etc.)
	Aug. 25.,, 1961, to Aug. 29.,, 19.61, that (I) (3/2) last
	death occured et
22e. SIGNATURE	3:20 P.M. 226, DATE
G. Church	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type)   G. CHURCH.	121 Cathedral St., Annapolis, Md.
236. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
Burial Aug. 31,1961 Fort Lincoln	Cemetery Prince George Co. Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Md.	DATE SEP 5 '61 Cariling S. Krons

to star of grant. , that the the same of the same . 1 o 6 

*'*.

DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edm. ssion) a COUNTY b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel b CITY OR TOWN (if outs de corporete limits, c. CITY OR TOWN (If our corporate | m is, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Crownsville 20 vrs. 8 days Dunki rk d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 Crownsville State Hospital Unknown 3. NAME OF Middle DATE Month DECEASED OF 19 61 DEATH (Type or print) Doris Idella Spriggs 6 COLOR OR RACE 7. MARRIED NEVER MARRIED [] AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months Deys Hours an Female Negro WIDOWED [ DIVORCED June 5, 1931 10e. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPEACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Unknown Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please S ding Mardie Spriggs Rebeoca Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [ (If yes give we ror detes of service) Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line or te., (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Terminal Coronary Thrombosis IMMEDIATE CAUSE (e) DUE TO Kyphoscoliotic Heart Disease Years Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying Kyphoscoliosis associated with Congenital Cembral Disease -Yrs. PART II, OTHER S ON FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? Se Chronic Brain Syndrome Associated with Congenital Anomaly YES DE NO 206 DESCRIBE HOW INJURY OCCURED. (Enter nature o injury in Pert I or Pert I of Item 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH is c (Stete) 20d INJURY OCCURRED, 20e. PLACE OF NJURY (Home, larm, 20l. (City or town) (County) 20c. TIME OF INJRY Month Day Yeer factory, street, office bldg , atc ) While Not While Hour a.m. 8/15 19.61, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... may be re .19 61., and that death occurred at 45%, from the causes and on the date stated above. saw the deceased aliver on 22b. DATE 22a. S GNATURE 8/16/61 IGNEO ATTENDING DIRECTOR THYS. PHYS 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Benedict. director, 23d. LOCATION (City, town or county) 23a. (BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMPTIRY OR CREMATORY 24 FUNERAL DIRECTOR'S SIGNATURE Pa, finelerick market 2 4 161 VR A15 (4) arthur S. 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE USUAL RESIDENCE (Whare decased lived, If Institution, Ras denca before asm ssion) Ttem 14 Film 0295 1. PLACE OF DEATH a. COUNTY a. STATE **b. COUNTY** MARYLAND Maryland Baltimore City Anne Arundel b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give needest town) à write RURAL and give nearest town) á 19 years 24 days Baltimore .5 Crownsville mo. d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospite, give straat address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Crownsville State Hospital 625 Archer Street YES NO I NAME OF M ddla Month DECEASED OF Sarah Louisa Stewart 1961 (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours Female an Car WIDOWED 😭 December, 1874 DIVORCED T 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if relired) U.S.A. Housewife Maryland 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME William Ralley Harriette Cromwell 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unkown) ((fives giva war or dates of sarvice) Unknown Hospital Records g physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Gangrene of Left Leg IMMEDIATE CAUSE (a) DUE TO Generalized Arteriosclerosis Conditions, if any, which peen gave rise lo immediata ceusa DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY certificate PERFORMED? NO 🔼 20a. ACCIDENT WAS UNDERLYING [7] I 20b. DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 2 2 the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm. 20f. (City of lown) (County) (State) factory, street, office bldg., etc.) While \_\_Not While at work at work 21. | certify that (I) (this hospital) attended the deceased from. 19. 61, and that death occured at 7.445, from the causes and on the date stated above. saw the deceased alive ton ..... 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. n PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE Benedict. M. D. Crownsville State Hospital, Maryland filed NAME OF CEMETERY OR EREMATORY DATE THEREON 23d. EQCATION JCsty, fown or county) (State) 23a. BURIAL, CREMATION, | 23b REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 250, REGIDAY REGISTRAR ADDRESS

DATE

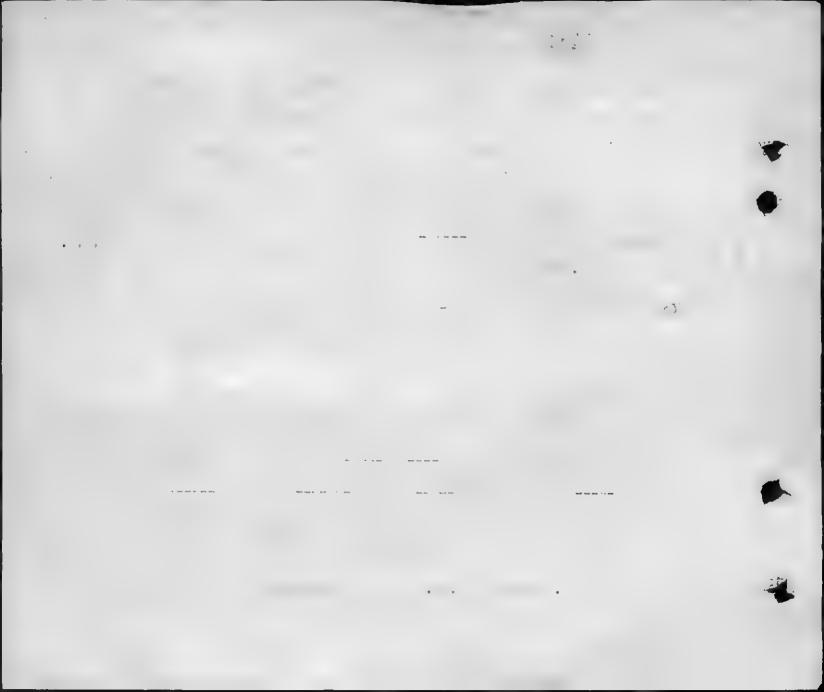
VR A15 (4) 15M 9/60

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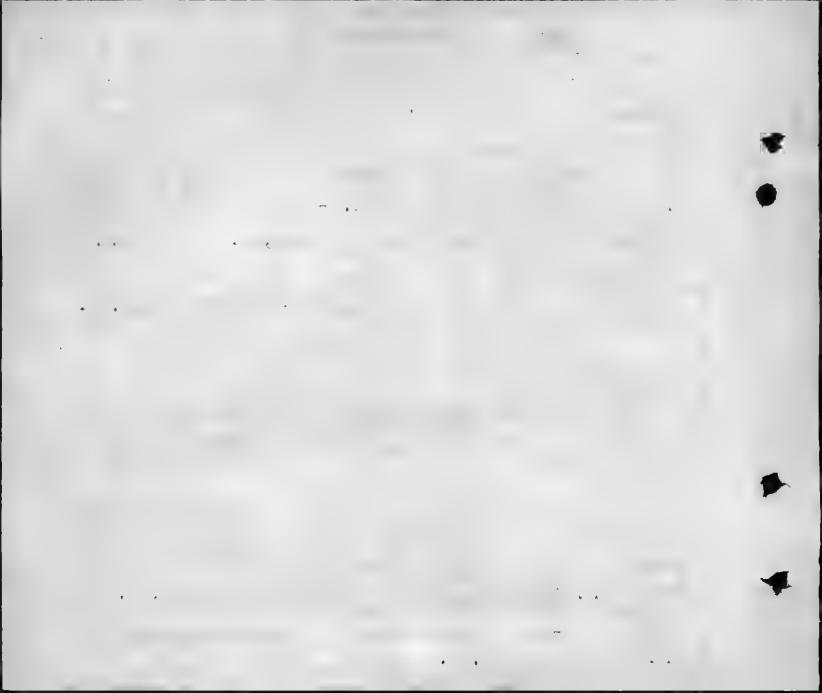
Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Prince George's Co. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 2510 Browns Station Road YES NO TO Day Year 1961 August AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? United States Address Maryland House of Correction, Jessup, Md. INTERVAL BETWEEN ONSES AND DEATH WAS AUTOPSY PERFORMED? YES NO T (County) (Stole) 196 that I last saw the deceased M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Maryland 22d LOCATION (City, lawn, or caunly) (Slote) Va. ADDRESS Wash. D.C. 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Hunt Pl., N.E arthur 9 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



**CERTIFICATE OF DEATH** 8785 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. COUNTY filed b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel eral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 50 yrs. Annapolis Annamolis d. NAME OF ROSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
623 Second Street d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 623 Second Street YES | NO | NAME OF DECEASED 4. DATE First Middle Month Yeor OF DEATH HANNA H ANN Murray (Type or print) Thompson August 31 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. AGE (In years lost birthday) Months Days Hours WIDOWED A DIVORCED | yrs. 700. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) \*\*\*\*\*\*\*\*\* Annapolis, Md. Domestic U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Crowdy Elizabeth Gross 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Leona Carroll-422 Chester Ave Anna. Md. No NONE CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY. WAS AUTOPSY PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stale) factory, street, office bldg., etc. Hour G. n. While Not while of work of Mprk p. m. 21. I certify that I attended the deceased from Plans ...that I last saw the deceased and that death occurred at 110 FN, from the causes and on the date stated above. ADDRESS (Street, city-or town, state) DATE/SIGNED ACTUAL PHYSICIAN'S NAME (Type) R.L. Richardson 110 Clay Street Annapolis! 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rumal Brewer Hill Annapolis, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE C.E.Hicks 111 Annarolis, Md. Cillun & Thrace DATES EP 6 '61 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



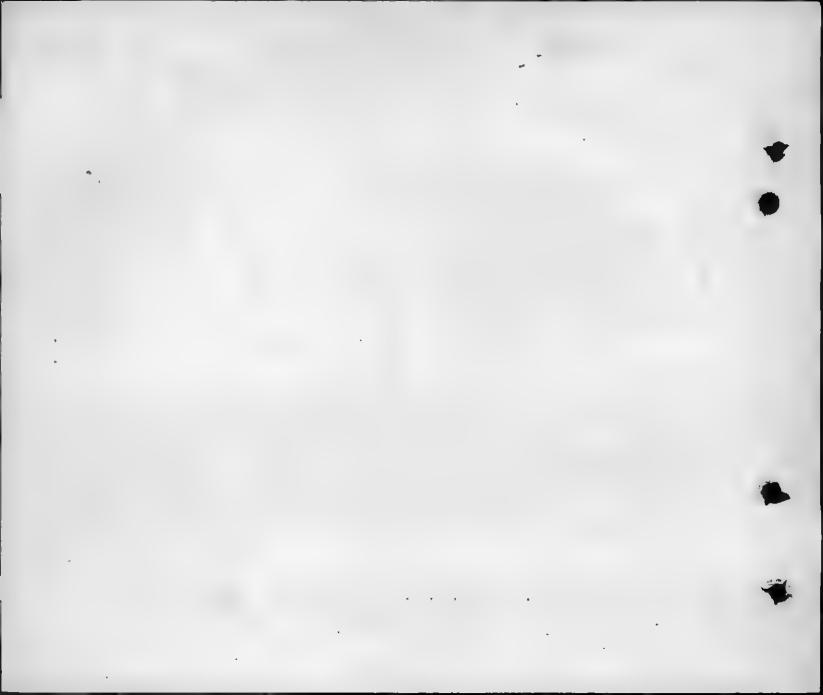
27 118	Items 18-21 Film 296 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH  1) 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission
28 £	o. COUNTY Anne Arundel MARYLAND C. STATE Maryland b. COUNTY
necessary ctor. Pag pur files	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
वृद्ध है है	write RURAL and give naerest town)  Annapelis
for din	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
P a a	Anne Arundel General Hospital / 9 Oak Court   YES NO E
e fur e fur stain Sta deatl	Deceased  LEROY  C. THOMPSON  A. DATE OF August  A.
the the ter	(Type or print)
w w w w w w w w w w w w w w w w w w w	last birthdey) Months Days Hours Min.
ter to the total t	TOB. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11 RIETHPLACE (State or foreign country)
s 1, 5 s	days during most of working life, even if jetyed)
hour hour ages ages lithin	13. FATHER'S NAME
Pwar Pwar L	JOHN HOMPSON MINNIF FVANS
Fig. 8. G. F.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no, or unknown] [Iliyos guye wegordales of service]
ed w sm iii siny ermi	Ma WWII DORIS E I HOMPSON
in le	18. CAUSE OF DEATH [Enter only one cause per une for (e) (b,, and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
aloi aloi aran and	IMMEDIATE CAUSE (e) Electrocution
ould b in per Office burial- novale	Conditions, if any, which \( \text{(b)} \)
shot.	geve rise to immadiata ceusa
ndin iner or r	(a), steting the underlying cause lest. (c)
"po "po "xam	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19. WAS AUTOPSY PERFORMED?
vord cal E	YES NO 1
Redin Andi	206. EXTERNAL CAUSE WAS  206. DESCRIBE HOW INJURY OCCURED. (Enter return of Intury in Pert I or Pert II of item 18.)  RUMARY OF OF CAUSE OF DEATH.  Working with defective lamp, cord and electric tools in
ef A 3 s S S S S S S S S S S S S S S S S S S	Working with defective lamp cord and electric tools in damp crawl space beneath his house  20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e   Place Of Injury (News)   20f. (Clyy or lown) (County) (Stete)
- 5 Bo / /	Hour e.m. While Not While
ate, ate, the strior	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
AL DISTRICT	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner
DIC of ce vard in E	CHIEF MEDICAL EXAMINER
ME to the	ACTUAL SIGNATURE SIGNATURE AND ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
DEP State St	EXAMINER'S Howard Shaub, M.D. DEPUTY MEDICAL EXAMINER [] 8/16/61
DEPE should Is FUNE	NAME (Type)  Address (Street, city, town, or country)  22e BURIAL, CREMATION, 22b, DATE THEREOF , 22c. NAME OF CEMETERY OR CREMATORY
DEI please 4 shot or its	BEMOVALYSpecify ) 19.19/1 Perlos Blust Pent Imabelia Mid
F F	23 FUNERAL DIRECTOR C JODRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9 60	Jalm M. Scielle Suns Comapoles of DATE ADG 22 61 Oction & Kines



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission · COUNTY o. STATE filed **6 COUNTY** MARYLAND funeral b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 å RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 3. NAME OF DATE Manth DECEASED OF (Type or print) DEATH 5, SEX. 6 COLOR OF RACE 9 AGE (In years) 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HO Months Doys WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16 SOCIAL SECURITY NO lending. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchegenic Metatastic Carcinena IMMEDIATE CAUSE (o) DUE TO Careinema of Cervix Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg , etc.) Hour o. m. While Not while of work p. m. July 20 21. I certify that I attended the deceased fram... ...that I last saw the deceased 1, and that death accurred at 10:30 M, fram the causes and an the date stated above. glive on August 10 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURI 37 Calvert Street **21.** 1961 PHYSICIAN'S Annapolis, Maryland Theedere M. Jekmsen. M. D. NAME (Type) he registr 270. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lower, or county) (State) REMOVAL (Specify) 23. FUNERAL BIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 240 RECID BY REGISTRAR Onthur & House VS A15 (4) DATE 15M 10/57

ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. And the may be retained by the hospital on attending physician.

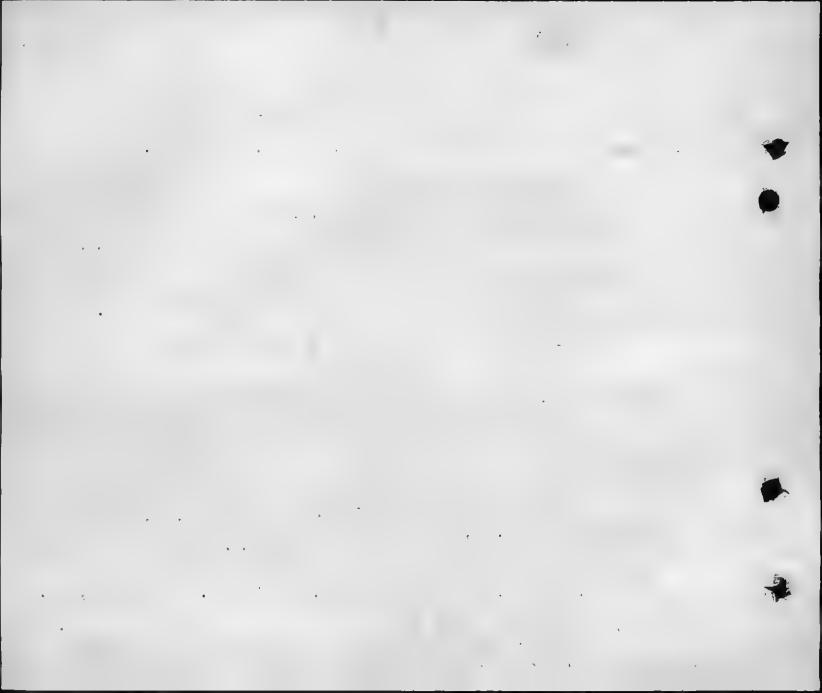
S TO FUNERAL DIRECTOR:

S TO FUNERAL led in by the funeral ages I and 2 should

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1878)

ı		2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)				
1	e. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel				
V	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)				
Л	Annapolis I day	RURAL = Pasadena				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE				
-1	Anne Arundel General Hospital	Ritchie Hgwy. & Hamburg St. YES NO X				
-	3. NAME OF First Middle	Last 4. DATE Month Day Year				
	(Type or print)  Julia Jefferson W	MALBECK DEATH August 28 1961				
	OCITCIBOIL	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.				
		ine 23, 1896 last birthdey) Months Days Hours Min.				
	10s. USUAL OCCUPATION (Give kind of work   10s. KIND OF BUSINESS OR INDUSTRY )	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
+	done during most of working life, aven if refired)  Retired Secretary State Cmptrolle	r Maryland Sandy Hook U.S.				
1		4. MOTHER'S MAIDEN NAME				
٧	John Ashby Jefferson	Addie Blank				
J	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   17. IN	FORMANT 916 Elifendale Drive				
	Yes, no, or unkown) (Ifyesgivewerordatesofservice)					
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH				
	42 DUE TO					
	Conditions, if any, which	Cilidase 1				
	gava rise to immediata cause	00000				
	(a), stetung the underlying cause lest.					
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY				
	OI TIE	PERFORMED? YES TO NO TO				
	2De. ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURED.	Enter natura of injury in Parl I or Part II of item 18.)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I(a) 19.  YES  2De. ACCIDENT WAS UNDERLYING  20b DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item IB.)  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING  CAUSE OF DEATH						
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED   20c. PLACE	OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Hour a.m.  p.m.  19 While Not While factory, street, office bldg., atc.)						
R	22e. SIGNATURE	6:22 A.M				
ATTENDING MED. STAFF PHYS. TY DIRECTOR PHYS.						
	22d. ADDRESS					
	NAME (Type) Dr. Robert R. Hahn	Gov. Ritchie Hgwy., Severna Park, Md.				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF					
1	Burial 8/31/1961 Deer Creek	Chestnut Hill. Md.				
(	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2SA REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE				
1	Charles of Dut Hourt is 11	mily DATE AllG 31'61 arthur S. Kings				



after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

118784

1. PLACE OF DEATH O. COUNTY A. MA	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and components town)	AY IN 1b C. CJTY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  One of the print of	dle Lost 4. DATE OF DEATH & - 16 - 1961
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MAR	RRIED B. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  15 UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.
10a. USLAL OCCUPAT ON (Give kind of work dane during most of warking life, even it relired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ley 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N  [Yes, no, or unknown]  [If yes, give war or dates of service]	NO. IT INFORMANT
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c).] Reiler Zay
Canditians, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.	Lyportatic puemeronia 5 days
TA THE	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO #
OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED Hour a. m. While Nat while p. m. 19 of wark of wark	20e. PLACE OF INJURY (Hame, form, 20f (City ar town) (County) (State) factory, street, affice bldg., etc.]
21.1 certify that (1) (this haspital) attended the decease saw the deceased alive an Arysist 161961, ar	ed fram. Heavy 1961, to Azegust, 1961, that (1) (we) last and that death accurred at \$35M, from the causes and an the date stated above.
Beetrans CR Lan	M. D. ATTENDING MED. STAFF S GNED STAFF
22c PHYSICIAN'S NAME (Type) Bentrand C.R. GAU	RFD 4- Amapolis Md
230 SURIAL REMATION. 23b. DATE THEREOF 23c, NAME OF A	EMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (State)
20 FUNERAL DIRECTOR'S SIGNATURE -ADDRESS -ADDRESS -ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE AUG 2 1 '61

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be get by the haspitor attending physician.

TO FUNERAL SIRECTOR: After the funeral director, and complete the funeral director, and complete the funeral director. may be ted by the haspitor attending physician.

O FUNEX. SIRECTOR: After the difficate has been signed by the attending physician and completed in the funeral director, page 3 should be detached for v. at the burial-transit permit. Then please remaye carban papers ages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. may be TO FUNERA

VR A15 (4) 15M 9/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 8791 medical examiner's certificate of death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . COUNTY D.C. **b.** COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town Few seconds Washington Linthicum d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve Projection) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? Jet. United Airlines, flight 808, Airport. retained ne State E 1819 G. Street. YES NO X DECEASED August 25th. (Type or print) 1961 Wong Ralph age 5 may be 1 and 2 with 1 72 hours afte 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 8. DATE OF BIRTH ODER 24 HRS. 68 yrs. Months Min. Yellow WIDOWED [ DIVORCED Μ. 10a. USUAL OCCUPATION (G va kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) San Francisico Cal. C.I.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WONG LUNG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMENT Address (Yes, no, or unkown) | (Ifyasgivawarordatesofservice) Wallet found on deceased. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (n) **DUE TO** Arteriosclerotic and hypertensive cardiovascular Conditions, if any, which (b) pave rise to immediate cause ro. diacase DUE TO (a), stating the undarlying 10 cause last. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ical Exited to the companies YES TO NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour e.m. the st et work et work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion e execute the certification be forwarded to INERAL DIRECTO designated agent, p Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty 8/26/61 NAME (Type) Address (Street, city, town, or county) DEP (State) 228, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) I-RANCISCO Removal - BUEIA 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR 175 & A. Ave. N. W. 外的 2 9 'st VS. A15ME Joseph GAWlee's SONS Certhur & House DATE 5M 9 60



ed in by the funeral within 24 hours after and 72 hours after dea Pages 1 papers The law requires that the death certificate be executed mpleter TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exact death.

4 may be retained the hospital or attending physician.

TO FUNDARI DIRECTOR:

This certificate has been signed by the attending physician adjustic, page 3 should be detached for use as the burial-fransit permit. Then please remove cancon pictured with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4)

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0/32	Item 6 Film	3294 975/6	i sul-		()	87.86
1. PLACE OF DEATH			2. USUAL RESIDEN				a before edmission)
	e Aruhdel	MARYLAND	e. STATE Mary	land	b. COUN	Anne Ar	undel
b. CITY OR TOWN (if outside of	corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		eta limits, write		
write RURAL and give near Annapeli:		2 days	X DIDA	L - Edg			
d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS	T - TOTE	CMT CCL.		. IS RESIDENCE
A A 3 - 7 C		- 7	1 2	D 01			YES NO I
3. NAME OF	neral Hospit	Middle Middle	Rt-1,	BOX-94	Mont	Dev	Year
DECEASED (Type or print)				OF DEATH	Α.		
M	argaret DR OR RACE   7. MARRIE	- Table 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	WRIGHT . DATE OF BIRTH		Augu:	St 24	19 61 IF UNDER 24 HRS.
min m					last birthday)	Months Deys	Hours Min.
Female Whi			July 27, 192		36 yrs.	112 (1777)	F WHAT COUNTRY?
done during most of working life,	even if retired)	IND OF BUSINESS OR INDUSTR	II. BIRTHPLACE (Coun	ty & Stele, or to	reign country)	IZ. CITIZEN O	WHAT COUNTRY
assembly line	Ens	trument Co.	Marylan			U.	S.
13, FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
James Frankli			Eleanor	Ireland			
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) i (Ifyesgivew		SOCIAL SECURITY NO. 17, 1	NFORMANT		Address		
ne ne		9/16 0255 Mrs	. J.F. Taylo	r- Moti	ner I	othian, l	Marvland
18. CAUSE OF DEATH [E.	nter only one cause per	pe for (e), (p), and (c).]		7	,	INT	ERVAL BETWEEN
PART I. DEATH WAS CA	AUSED BY:	almor	aly I d	In	1		
1713	DUE TO	- 1 1	1.01	1	^		20
Conditions, il any, which is a Cicute Kenall Shuh down 3 do						3 day	
geve risa to immediate cause	DUE TO	1		1		0	/C 4.00
(a), steting the underlying causa last,	) (c) d	72-90 1U 1	2 si den	word (	eure	of Coro.	12 9 MM (27)
Z PART II. OTHER SIGNIFIC	3*7	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIV	'EN IN PART 1(a) 1	9. WAS ADNOPSY
OTA	_						PERFORMED?
DE 2DB. ACCIDENT WAS UNDER	ELYING [7]   2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II o	f item 18.)		13 110 100
PART II. OTHER SIGNIFIC  DEL 20b. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE  IF EITHER, NOTIFY MEDICAL	OF DEATH		. (				
Y 20c. TIME OF INJURY Mo	While	Not While fact	CE OF INJURY (Home, farm ory, street, office bldg., etc.		w town)	(County)	(State)
Print.	19 al wor		A 2 7	/7	A 01	/3	
		ded the deceased from					hat (I) (XXI) last
	Aug. 21	19.0 and that	death occured at		the causes	and on the da	
22e, SIGNATURE	Chi	theyer		PM MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S	0 0,0,0		22d. ADDRESS				Anna Canada and Anna
NAME (Typo) Stua	art M. Chris	sthilf, Jr.	69 Frankl	in St	Annapo	olis. Md.	
23a, BURIAL, CREMATION, 23b.		23c. NAME OF CEMETERY			ION (City, to		(Stete)
REMOVAL (Spacify)	gust 27,61	Christ Episco	nol Camet	Owens	ville	Maryland	
24 PUNERAL DIRECTOR'S SIGNA		ADDRESS	25e. REG	MIN TEGRAF		GISTRAR'S SIGNAT	URE
10 Jen L. 7687	eral liome	Annapolis, Md.		4 2 3 'b	1	Chilling S. H.	
nobbrus	MAT / HOUSE	Elliabotts, Ma	IDAIE				

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH USUNI RESIDENCE (White decessed lived, If Institution, Residence before edmission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY 179 ANNE ARUNDE MARYLAND c. LENGTH OF STAY IN 16 and outside corporata limits, write RURAL and þ write RURAL and give nearest town) ANNA POLIS

NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) \_\_ 9 e. IS RESIDENCE ON A FARM? YES NO D NAME OF Middle Yaar DECEASED (Type For Arily DEATH 19 61 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Min, Hours WIDOWED A DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) HOUSE WI 13. FATHER'S NAME Then please aftending 6. SOCIAL SECURITY NO. (Yes, no, or unkown) ((fivesgiva war or dates of servica) 439 SICHES been signed by the 18. CAUSE OF DEATH [Enter only one causa par ing for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY hospital PERFORMEDI Se NO use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] for OR CONTRIBUTING CAUSE OF DEATH Health 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dey, Yaer 2Df. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work the deceased GNATURE 22b, DATE ATTENDING 1 SIGNED DIRECTOR M.D. PHYSICIAN'S NAME (Type) FUNE director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 23a, BURIAL, CREMATION, REMOVAL (Spacify) 0 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 (4) 15M 9/60 AUG 22 '61 DATE Chil. 9 4

66.18 STAMPENIA STEEL (NILING LIES OF THE BUILDING WHITE & 3-5-1284 37 101310 3.21m 3800H. JOHN MERTERINE THEOLOGY THEM HET OF THE TEN Miles Comment of the 15 The 15 Sept - 12 30 Years 10 - Fe South 15 TO HERE MINES IN THE STATE OF PRIMARY STATES WITH BONTALL SE SE SE JOHN HOLD REPORT CEMETORY CHIEF HILL IN 1997 JUST COLUMN L. MENC SHI STIEN ST.